

Proton Beam Therapy: Re-review

Final data abstraction appendices

April 15, 2019

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Proton Beam Therapy: Re-Review



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FINAL DATA ABSTRACTION APPENDICES

April 15, 2019

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APPENDIX A. Bladder Cancer

Appendix Table A1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in bladder cancers

Takaoka 2017 Diagnosis: muscle- invasive bladder cancer (cT2-3N0M0) Japan Diagnosis: muscle- invasive bladder cancer (cT2-3N0M0) Indication: Curative Intent F/U: 40.8 (7.2 to 234) months Trimodal therapy (transurethral tumor resection, small pelvis photon RT, intra- arterial chemotherapy as induction) followed by proton bladder cancer: bladder cancer: yes: 13% Trimodal therapy (transurethral tumor resection, small pelvis photon RT, intra- arterial chemotherapy as induction) followed by proton beam therapy boost	• 3-year: 90% (NR) • 5-year: 82% (NR) • 10-year: 78% (NR) PFS (95% CI) • 3-year: 80% (NR)	Flarms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: timeframe NR Acute hematological Toxicities (timeframe NR), % (n/N) Grade 2: -leukopenia: 13% (19/70) -anemia: 4% (3/70)
supported in part by a JSPS Grant-in-Aid for Scientific Research (C) (26462397) and a JSPS Grant-in-Aid for Scientific Research (B) (26293349) COI: None declared Total PBT Dose: 36.3 GyE (3.3Gy equivalent fractional dose in 11 fractions over 2 weeks) Total PBT Dose: 36.3 GyE (3.3Gy equivalent fractional dose in 11 fractions over 2 weeks) Total Dose (including small pelvic photon RT): 77.7 Gy (in 34 fraction) Tumor Location: Bladder Neck: 10% Others: 90% Hydronephrosis:	• 10-year: 82% Progression/Recurrence, % (n/N): • overall: 17% (12/70) • muscle invasive bladder cancer: 5.7% (4/70) • visceral metastases: 5.7% (4/70) • pelvis lymph node metastases: 5.7% (4/70) Mortality: • due to disease progression: 10% (7/70)	-urinary frequency: 7% (5/70) -urinary tract pain: 4% (3/70) 6 Grade ≥3: 26% (18/70) -white blood cell decrease: 21% (15/70) -febrile neutropenia: 1.4% (1/70) -anemia: 1.4% (1/70) -platelet count decrease: 1.4% (1/70) discontinued treatment due to acute toxicity: 0% (0/70) Acute non-hematological toxicities(timeframe NR), % (n/N): Grade ≥3: 1.4% (1/70) -grade 4 thromboembolic event: 1.4% (1/70) ate Toxicities (timeframe NR), % (n/N) Grade 2: -urinary tract hemorrhage: 4% (3/70) -rectal hemorrhage: 1% (1/70) Grade 3: 3% (2/70) -urinary tract obstruction: 3% (2/70)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		negative: 90%positive: 10%				
		Concomitant Carcinoma In Situ: • negative: 66% • positive: 13% • unknown: 21%				

CI = confidence interval; cm = centimeter; COI = conflict of interest; CTCAE = Common Terminology Criteria for Adverse Events; F/U = follow-up; Gy = Gray (unit); GyE = Gray Equivalent; NR = not reported; OS = overall survival; PBT = proton beam therapy; PFS = progression free survival; RoB = risk of bias; RT = radiation therapy;

APPENDIX B. Bone

Appendix Table B1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in bone cancers

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Aibe 2018 Retrospective Case Series High RoB Japan Funding: Practical Research for Innovative Cancer Control grant (grant 15ck0106034h0	Diagnosis: Bone (primary Sacral Chordoma) Indication: Curative Intent	N=33 Male: 55% Median Age (range): 71 (41 to 87) years ECOG Performance Status: • 0: 6% • 1: 85% • 2: 9%	Definitive PBT PBT Dose: 70.4Gy(RBE) in 32 fractions	Median F/U: 37 (14 to 90) months	OS (95% CI) • 3-year: 92.7% (88.6% to 96.7%) PFS (95% CI) • 3-year: 89.6% (78.2% to 100.0%) DFS (95% CI) • 3-year: 81.9% (67.3% to 96.4%) Distant Metastasis-Free Survival (95% CI) • 3-year: 88.2% (75.5% to 100.0%)	Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: Timeframe NR Late Toxicities: Timeframe NR Acute Toxicities, % (n/N) Grade 2: -dermatitis: 39% (13/33) -Ulceration of skin: 3% (1/33) -pain: 64% (21/33) -Urinary retention: 6% (2/33) -Leg edema or numbness: 6% (2/33) -dermatitis: 3% (1/33) -dermatitis: 3% (1/33) Late Toxicities, % (n/N) Grade 2:
102) from the Japan Agency for Medical Research and Development for English language editing and the submission fees COI: None declared Includes volumetric data.					Cause-Specific Survival (95% CI) • 3-year: 95.7% (87.3% to 100.0%) Recurrence/Progression, % (n/N) • overall: 18.2% (6/33) • isolated local progression: 9% (3/33) • local progression after distant metastasis: 3% (1/33)	-pain: 58% (19/33) -sacral insufficiency fracture: 12% (4/33) -lleus: 3% (1/33) -Rectal Bleeding: 3% (1/33) -Urinary retention: 6% (2/33) -Numbness of the leg: 6% (2/33) • Grade 3: -pain: 6% (2/33) -sacral insufficiency fracture: 6% (2/33) - lleus: 3% (1/33)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Chowdhry 2016 Retrospective Case Series High RoB USA Funding: NR COI: none declared	Diagnosis: Bone (thoracolumba r spinal malignancies) Indication: Curative Intent	N=68 Male: NR Median Age (range): 54.15 years Histology: • chordoma: 42.7% • chondrosarcom a: 36.7% • osteosarcoma: 2.9% • other sarcoma: 14.7% • other (not specified): 2.9% Smoking History:	High Dose (≥5200 cGy) RT, Photon followed by Proton Median Total Dose Range: 7020 cGy (5940 to 7820 cGy) Photon Dose Range: 1980-3060 cGy Proton: remainder of total dose after photon dose was completed by protons	Median F/U All Patients (range): 12.9 (NR) months.	 local progression and distant metastasis: 3% (1/33) distant metastasis: 3% (1/33) Median Time to Local Progression (range): 28 (7 to 46) months Mortality, % (n/N): all-cause: 12% (4/33) attributable to chordoma: 6% (2/33) pneumonitis: 3% (1/33) natural causes (unspecified): 3% (1/33) OS (95% CI) 5-year: 88.7% (74.7% to 95.2%) 	Harms Toxicity Grading Criteria: RTOG/EORTC Acute Toxicities: ≤3 months Late Toxicities: >3 months Freedom from Grade ≥2 Neurological Injury (95% CI) • 5-year: 92.9% (74.6% to 98.2%) • 6-year: 80.9% (55.3% to 92.7%) • 8-year: 80.9% (55.3% to 92.7%) Late RTOG Toxicities (>3 months), % (n/N): • Grade 2: 0% (0/68) • Grade 3: 11.7% (8/68) • permanent Grade 4: 0% (0/68) Spinal Injury, % (n/N): • Potentially radiation-related Spinal injury: 1.5% (1/68)

Author (year), Study Site	ondition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		39.7%				-spinal cord compression with later diagnosis of myelodysplastic syndrome and transient paralysis: 1.5% (1/68)
						 Surgery-Related: 11.7% (8/68) Disease Progression-related: 10.3% (7/68)
Prospective Case Series on s) High RoB Inc USA Mi Funding: NR COI: None S	iagnosis: one (Spinal hordomas/Ch hdrosarcoma idication: lixed Curative Intent: 76.5% Salvage: 23.5%	N=51 Male, %: 72.5% Median Age (range): 58 (22 to 83) years Histology: • chordoma: 67% • chondrosarcom a: 33% Location: • sacrum: 41% • cervical spine: 39% • thoracolumbar spine: 20% Primary Disease: • primary: 76.5% • recurrent: 23.5% Disease burden: • Gross: 52.9% • Microscopic:	PBT (23 patients also treated with photon RT) Median Total Dose (range): 70.2 (64.2 to 75.6) Gy(RBE)	Median F/U: 44.4 (3.6 to 92.4) months	OS (95% CI) • 4-year: 72% (NR) Cause-Specific Survival • 4-year: 72% (NR) DFS (95% CI) • 4-year: 57% (NR) Local Control (95% CI) • 4-year: 58% (NR) Freedom from Distant Metastases (95% CI) • 4-year: 86% (NR) Recurrence/ Progression, % (n/N) • overall: 49% (25/51) • local: 35.3% (18/51) • local and distant: 11.8% (6/51) • distant: 2% (1/51) • Median Time to Local Progression (range): 20.4 (2.4 to 72) months	Harms Toxicity Grading Criteria: CTCAE version 4.0 Late Toxicities: Timeframe NR Late Toxicities, % (n/N) Grade 2: 2% (1/51) -bilateral radiation nephritis: 2% (1/51) -frace NR: -sacral soft tissue necrosis: 4% (2/51) -T1 vertebral fracture requiring fusion surgery: 2% (1/51) -chronic urinary tract infections: 2% (1/51) -surgery for necrotic bone cyst: 2% (1/51) Secondary Malignancies (possibly treatment related), % (n/N): overall: 4% (2/51) -bladder cancer within 2 years: 2% (1/51) -B-cell lymphoma within 5.5 years: 2% (1/51)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
2017 E a retrospective Case Series I	Diagnosis: Bone (spinal and sacral chordoma) Indication: Curative Intent	N=40 Males, %: 52.5% Median Age (range): 67 (36 to 94) years Median Maximal Tumor Diameter (range): 7.7cm (1.4 to 25.5 cm) Tumor Location: • cervical: 22.5% • thoracic: 2.5% • lumbar: 7.5% • sacral: 67.5% • gluteus muscles: 15% • pyriformis: 10% • paraspinal: 5%	Photon-Proton RT Median Photon Dose (range): 30.6 Gy (0 to 68 Gy) Median Proton Dose (range): 46.8 GyRBE (0 to 79.2 GyRBE)	Median F/U: 50.3 (2 to 216.4) months.	OS (95% CI) • 3-year: 89.1% (73.5% to 95.8%) • 5-year: 81.9% (63.7% to 91.6%) Disease Specific Survival (95% CI) • 3-year: 97.2% (81.9% to 99.6%) • 5-year: 89.4% (70% to 96.5%) Local Control (95% CI) • 3-year: 96.9% (79.8% to 99.6%) • 5-year: 85.4% (65.4% to 94.3%) Distant Failure (95% CI) • 3-year: 11.7% (4.5% to 28.3%) • 5-year: 20.2% (9.3% to 40.5%) Mortality, % (n/N): • due to secondary malignancies: 2.5% (1/40)	Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: Timeframe NR Acute RT-related Toxicities, % (n/N): Grade ≤2: -Pain/Dermatitis: reported as most common (data NR) - Nausea/Vomiting: 10% (4/40) - mucositis: 12.5% (5/40) - diarrhea: 12.5% (5/40) Late RT-related toxicities, % (n/N): Grade 2: -rectal bleeding: 10% (4/40) Grade NR: -sacral insufficiency fractures: (10/40) -foot drop: 5% (2/40) -erectile dysfunction: 2.5% (1/40) -perineal numbness: 2.5% (1/40) -worsening urinary/fecal incontinence: 5% (2/40) -bowel perforation/fistula formation: 2.5% (1/40) -spinal cord injuries: 0% (0/40) -soft tissue necrosis: 0% (0/40) Secondary Malignancies, % (n/N): overall: 5% (2/40) -undifferentiated pleomorphic sarcoma/malignant histiocytoma (succumbed to lung cancer): 2.5% (1/40) -small cell lung cancer after subsequent C2 chordoma: 2.5% (1/40)

Funding: support for this study was received in part by the Federal Share of program income earned by Massachusetts General Hospital on National Cancer Institute grant no. C06 CA059267, Proteon Thorspark Study as a control (Part of the study was received in part by the Federal Share of program in come earned by Massachusetts General Hospital on National Cancer Institute grant no. C06 CA059267, Proteon Thorspark Study was received in part by the Federal Share of program in come earned by Massachusetts General Hospital on National Cancer Institute grant no. C06 CA059267, Proteon Thorspark Study was received in part by the Federal Share of program in come earned by Massachusetts General Hospital on National Cancer Institute grant no. C06 CA059267, Proteon Thorspark Study was received in part by the Federal Share of program in come earned by Massachusetts General Hospital on National Cancer Institute grant no. C06 CA059267, Proteon Thorspark Study was received in part by the Federal Share of program in come earned by Massachusetts General Hospital on National Cancer Institute grant no. C06 CA059267, Proteon Thorspark Study was received in part by the Federal Share of program income earned by (and the function and chord on Dose (range): 32.5 (0 to 58.0) Gy Median Photon Dose (range): 32.5 (0 to 58.0) Gy Median PBT Dose (range): 32.5 (0 to 58.0) Gy Median PBT Dose (range): 32.5 (0 to 58.0) Gy Locoregional Control (95% CI) [n=127 lesions] • 5-year: 60% (48% to 70%) Distant Control (95% CI) [n=127 lesions] • 5-year: 77% (66% to 84%) • 10-year: 84% (67% to 93%) Spring Insufficiency fractures: 4.8% (6/126) motor neuropathies: 3.2% (4/126) bigh grade (3/126)	Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Research and Treatment Center. Dr. Rotondo, Ms. Kobayashi, Dr. Chen, Ms. Szymonifka, Mr. Ferreira, and Dr. DeLaney received direct or indirect Messection Margin Status Alive (at time of analysis), % (n/N) -no evidence of disease; 62.2% (69/111) -progression-free: 7.2% (8/111) -progression-free: 7.2% (8/111) -with disease: 30.6% (34/111) Meurological Status at last F/U Compared with Baseline improved status: 5.6% (7/126) stable status: 48.4% (61/126) etailor improved status: 42.9% (54/126) etailor improved status: 5.6% (7/126) etailor improved status: 42.9% (54/126) etailor improved status: 5.6% (7/126) etailor improved status: 5.6% (7/126) etailor improved status: 42.9% (54/126) etailor improved status: 5.6% (7/126) etailor improved status: 5.6%	Retrospective Case Series High RoB USA Funding: support for this study was received in part by the Federal Share of program income earned by Massachusetts General Hospital on National Cancer Institute grant no. CO6 CA059267, Proton Therapy Research and Treatment Center. Dr. Rotondo, Ms. Kobayashi, Dr. Chen, Ms. Szymonifka, Mr. Ferreira, and Dr. DeLaney received direct	Bone (Spine Chordomas: sacrococcygeal , lumbar, thoracic) Indication Mixed • Curative intent: 74.8% • salvage:	Male, %: 62.2% Mean Age (range): 53.2 (5 to 88) years Histology • chondroid chordoma: 22% • nonchondroid chordoma 78% Tumor Location • thoracic: 12.6% • lumbar: 31.5% • sacrococcygeal: 55.9% Operation: • en bloc: 48.8% • intralesional: 48.8% • unknown: 2.4% Resection • gross total resection: 76.4% • subtotal resection: 23.6%	passive scatter PBT & photon Median Total RT Dose (range): 72.4 (46.3 to 83.6) Gy(RBE) Median Photon Dose (range): 32.5 (0 to 58.0) Gy Median PBT Dose (range): 39.9 (18.0	F/U (range): 41 months	• 5-year: 81% (69% to 88%) • 10-year: 53% (35% to 68%) Local Control (95% CI) [n=127 lesions] • 5-year: 62% (50% to 72%) • 10-year: 49% (33% to 64%) Regional Control (95% CI) [n=127 lesions] • 5-year: 92% (83% to 96%), • 10-year: 84% (67% to 93%) Locoregional Control (95% CI) [n=127 lesions] • 5-year: 60% (48% to 70%) Distant Control (95% CI) [n=127 lesions] • 5-year: 77% (66% to 84%) • 10-year: 63% (46% to 75%) Disease Status • Alive (at time of analysis), % (n/N) -no evidence of disease; 62.2% (69/111) -progression-free: 7.2% (8/111) -with disease: 30.6%	Toxicity Grading Criteria: CTCAE version 4.0 RT-related Toxicities, % (n/N) • Grade ≥3 -Wound infection among patients getting preoperative RT: 16.6% (10/60) -Wound dehiscence among patients getting preoperative RT: 5% (3/60) -Wound infection among patients getting post-op RT: 12.1% (7/58) -insufficiency fractures: 4.8% (6/126) -motor neuropathies: 3.2% (4/126) -Spine nonunion &/or hardware failure: 2.4% (3/126) -High-grade, radiation-associated soft tissue sarcoma: <1%(1/126) -Postop CSF leak after preop RT: <1%(1/126) -osteonecrosis: <1%(1/126) -rectal bleeding: <1%(1/126) -tate proctitis, rectal pain, tenesmus: <1%(1/126) -tate proctitis, rectal pain, tenesmus: <1%(1/126) -erectile dysfunction: <1%(1/126) Neurological Status at last F/U Compared with Baseline • improved status: 5.6% (7/126) • stable status: 48.4% (61/126) • deteriorated status: 42.9% (54/126) • unknown status: 3.2% (4/126) • Causes for deterioration in status: -surgery: 42.6% (23/54) -radiotherapy: 16.6% (9/54)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
support from the Federal Share COI: None declared		• R0: 26.8% • R1: 44.9% • R2: 23.6% • unknown: 4.7%			Recurrence/Progression, % (n/N): • local: 30.2% (38/126) • regional: 6.3% (8/126) • distant: 20.6% (26/126) Mortality, % (n/N) • all-cause (at time of analysis): 11.9% (15/126) • all-cause (at last follow-up): 22.2% (28/126) • disease progression: 8.7% (11/126) • other cause (not specified): <1% (1/126) • other cancer: 1.6% (2/126) • unknown: <1% (1/126)	Secondary Malignancies, % (n/N): • overall: <1% (1/126) -High-grade, radiation-associated soft tissue sarcoma: <1%(1/126)
Snider 2018 Retrospective case series High RoB Switzerland Funding: NR COI: None declared	Diagnosis: Bone (spinal chordoma) Indication: Mixed • Curative intent: 70% • salvage: 30%	N=100 Male, %: 57% Median Age (range): 55.5 (25 to 81) years Tumor Location • cervical: 46% • thoracic: 4% • lumbar: 12% • sacral: 38%	Either Pencil Beam Scanning PBT (n=88), or photon- proton (n=12) Median RT Dose 74 (range, 59.4-77) Gy (RBE)	Median F/U (range): 65.5 (13 to 175) months	OS (95% CI) • 5-year: 81% (76.8 to 85.6%) • Median OS: 157 months Disease Failure, % (n/N): • local failure: 37% (37/100) • any failure: 42% (42/100) Local Control (95% CI) • 5-year: 63% (57.7% to 68.7%); median, 103 months	Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: ≤3 months Late Toxicities: >3 months Freedom from Grade ≥3 Acute Toxicity (95%CI): • 5-year: 89% (85.5% to 91.9%) Freedom from long term or persistent Grade ≥3 toxicity (95%CI) • 5-year): 94% (88.6% to 98.6%)
Includes multivariate analyses for local control, disease control					Disease Control (95% CI) • 5-year: 57% (50.9% to 62.1%); • Median Disease Control: 82 months	Acute or Late toxicities, % (n/N): • <u>Grade ≥3:</u> 11% (11/100) • <u>Grade 4 toxicities:</u> 0% (0/100) Acute toxicities, % (n/N):

• all-cause: 26% (26/100) (6/100) -mucositis: 1% - mucositis and • Late Toxicities Grade ≥3: 5% (- vertebral/sac (3/100) -aspiration pne -esophageal st (1/100)	mation in non-skin folds: 6% (1/100) d dysphagia: 1% (1/100) (, % (n/N): (5/100) tral insufficiency fracture: 3% eumonia: 1% (1/100) tenosis requiring dilation: 1% gnancies, % (n/N):

CI = Confidence Interval; cm = centimeter; COI = Conflict of Interest; CTCAE = Common Terminology Criteria for Adverse Events; DFS = Disease Free Survival; EORTC = European Organization for the Research and Treatment of Cancer; F/U = Follow-up; NR = Not Reported; OS = Overall Survival; PBT = Proton Beam Therapy; PFS = Progression Free Survival; RoB = Risk of Bias; RTOG = Radiation Therapy Oncology Group

APPENDIX C. Brain, Spinal, Paraspinal

Appendix Table C1. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>Brain, Spinal and Paraspinal cancers</u>

• pineoblastoma: Mortality, % (n/N) -thrombocytopenia (grade 4): 2% (1/46)	Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
ependymoma: 4% (2/50) atypical teratoid rhabdoid tumor: 2% (1/50) eglioma: 2% (1/50) papillary tumor: 2% (1/50) papillary tumor: 2% (1/50) weight Loss assessed for this outcome] Patients requiring packed red blood cell transfusions, % (n/N): overall: 10% (5/50) elso received granulocyte colony stimulation factor: 80% (4/5) elso received platelet transfusion: 20% (Meight Loss)	Retrospective Case Series High RoB USA Funding: none reported. COI: none	Brain (various craniospinal malignancies) Indication:	Male, %: 66% Median Age (range): 26.7 (16 to 63) years Histology: • medulloblastom a: 38% (19/50) • Germ Cell Tumors: 18 (9/50) • Nongerminomat ous Germ Cell Ttumors: 12% (6/50) • pineoblastoma: 14% (7/50) • pendymoma: 4% (2/50) • atypical teratoid rhabdoid tumor: 2% (1/50) • glioma: 2% (1/50) • papillary tumor:	chemotherapy in addition) with 94% receiving additional conformal proton boost Median Cranio-Spinal PBT Dose: 30.6 (15 to 39.6) Gy Median Total Boost Dose (range): 54	F/U (range): 20.1 (0.3 to 59)	• 2-year: 96% (NR) • 5-year: 84% (NR) PFS (95% CI) • 2-year: 82% (NR) • 5-year: 68% (NR) Recurrence/Progression, % (n/N) • overall: 14% (7/50) • in-field local recurrence: 10% (5/50) • extracranial metastases: 4% (2/50) Mortality, % (n/N) • disease progression: 4%	Toxicity Grading Criteria: RTOG Acute Toxicities: ≤3 mos Late Toxicities: >3 mos Acute Toxicities, % (n/N) • Grade ≤2: -nausea/vomiting: 100% (50/50) -dermatitis: 100% (50/50) -ototoxicity: 100% (26/26) -Anemia: 100% (46/46) -leukopenia: 91.3% (42/46) -thrombocytopenia: 95.7% (44/46) • Grade ≥3: -leukopenia: 9% (4/46) -thrombocytopenia (grade 3): 2% (1/46) -thrombocytopenia (grade 4): 2% (1/46) -ototoxicity: 4% (1/26) [only 26 patients assessed for this outcome] Patients requiring packed red blood cell transfusions, % (n/N): • overall: 10% (5/50) • also received granulocyte colony stimulating factor: 80% (4/5) • also received platelet transfusion: 20% (1/5)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		choroid plexus				• patients with >2-5% weight loss: 30%
		papilloma: 2%				(15/50)
		(1/50)				• patients with >5%-10%: 8% (4/50)
		rhabdoid meningioma:				• patients with >10% weight loss: 2% (1/50)
		2% (1/50)				
		• acute				
		lymphoblast/tic				
		leukemia: 4%				
		(2/50)				
		Modified Chang				
		M Stage:				
		• M0: 60%				
		• M1: 2%				
		• M2: 16%				
		• M3: 18%				
		• M4: 0%				
		Chemotherapy:				
		• any: 80%				
		neoadjuvant:				
		40%				
		• concurrent: 30%				
		• adjuvant: 65%				
Dutz 2018	Diagnosis:	N=113	Double-scattering	Median	NR	Harms
Detweenestive	Brain (various)	Male: 60%	PBT	F/U		Toxicity Grading Criteria: CTCAE version 4.0
Retrospective Case Series	Indication:	Median Age (range): 49.3 (21.2	Median Total Dose	(range): NR		Acute Toxicities: timeframe NR
Case Series	Curative Intent	to 79.9) years	(Range): 60.0 (30.0–	1411		Exploratory Cohort (n=113)
High RoB	Sarative intelle	10 , 5.5, years	74.0) Gy	Loss to		Acute Toxicities, % (n/N)
3		Histology:	-, -,	<u>F/U</u>		• Grade 0:
Germany		• pituitary		6%		-alopecia: 14% (15/111)
		adenoma: 9%		(7/113)		-erythema: 13% (15/113)
Funding: NR						-fatigue: 31% (35/112)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
COI: None declared Also includes data on two 'validation cohorts'		 meningioma: 13% craniopharynge oma: 1% astrocytoma: 1% (Oligo)astrocyto ma and Oligodendroglio ma (II): 9% (Oligo)astrocyto ma and Oligodendroglio ma (III): 27% glioblastoma other: 19% Location: brain: 68% skull-base: 31% -other: 1% 				-nausea: 84% (82/98) -pain: 51% (57/113) • Grade 1: -alopecia: 23% (26/111) -erythema: 51% (57/113) -fatigue: 47% (53/112) -nausea: 13% (13/98) -pain: 29% (33/113) • Grade 2: -alopecia: 63% (70/111) -erythema: 35% (40/113) -fatigue: 19% (21/112) -nausea: 3% (3/98) -pain: 16% (18/113) • Grade 3 -alopecia: 0% (0/111) -erythema: 1% (1/113) -fatigue: 3% (3/112) -nausea: 0% (0/98) -pain: 4% (5/113) All Cohorts (n=280) Acute Toxicities, % (n/N) • Grade 3 -alopecia: 0% (0/280) -erythema: >1% (1/280) -fatigue: 1.8% (5/280) -nausea: 0% (0/280) -pain: 2.1% (6/280)
Kang 2018 retrospective Case Series	Diagnosis: Central Neurocytomas Indication: Mixed	N=24 eligible, 16 treated Male: 42% Median Age (range): 21 years (14 to 60 years)	Adjuvant PBT (n=6) after non Gross Tumor Resection surgery with or without chemotherapy; or	Median F/U (range): 56 (3 to 185) mos	PFS (adjuvant PBT) (95%CI) • 5-year: 100% (NR) Recurrence/Progression, % (n/N) • overall: 45.8% (11/24)	Harms Toxicity Grading Criteria: CTCAE version 4.0 Transient (Acute/Subacute) Toxicities: <6 mos PBT-related Transient Toxicities Grade NR:

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
High RoB USA Funding: COI: One or more authors have received research funding or in-kind donations from PBT related organizations	-curative intent: 37.5% -salvage: 62.5%	Median Tumor Size (range): 4.5 (1.4 to 6.8) cm Initial Therapy • gross total resection only: 21% • non-gross total resection: 54% • non-gross total resection + adjuvant PBT: 17% • non-gross total resection + adjuvant PBT + chemotherapy: 8%	salvage PBT (n=10) after disease recurrence Adjuvant PBT Dose (range): 52.2 (50.4 to 54) Gy (RBE) , 1.8 Gy (RBE) per fraction Salvage PBT Total dose: 54 Gy(RBE)		Median Time to Recurrence/Progression (range): 22 (13 to 141) mos Post-Salvage PBT Disease Control (95% CI) 100% (NR) Median Disease Control: 67 mos	-fatigue: 8 events -alopecia: 6 events -radiation dermatitis: 5 events -permanent mild-to-moderate concentration impairment: 4 events • Grade II: 24% (10/42 events) -nausea causing decreased oral intake: 2 events -fatigue affecting daily responsibilities: 3 events -unexplained weigh gain: 1 event -presyncope: 1 event -concentration impairment affecting work performance: 2 events -nocturnal seizures: 1 event • Grade III or higher: 0% (0/24) PBT-related neurotoxicity • Grade I to II: 44% (7/16)
Maquilan 2014 Prospective Case Series High RoB USA Funding: Supported by the Department of Radiation Oncology at the University of	Diagnosis: Brain (low grade gliomas or meningiomas) Indication: Curative Intent	N=23 Male: 39.1% Median Age (range): 44 (18 to 75 years) Histology: astrocytoma: 39.1% oligodendroglio ma: 8.7% oligoastrocytom a:17.4%	PBT (type NR) Median PBT Dose (range): 54 (NR) Gy(RBE) , 1.8 Gy(RBE) per fraction	Median F/U (range): NR (0 to 9) mos	NR	Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: ≤3 mos [overall] Acute toxicities, % (n/N) • Grade 3: - Fatigue: 4.3% (1/23) -Anorexia: 0% (0/23) -Nausea: 0% (0/23) -Headache: 4.3% (1/23) -Insomnia: 0% (0/23) Acute (week 1) toxicities, % (n/N) • Grade 1:

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Pennsylvania. COI: None declared		 meningioma: 26.1% low-grade glioma: 8.7% Tumor Location: left: 34.8% right: 43.5% central: 13% mixed: 8.7% Extent of Resection: subtotal: 39.1% gross total: 47.8% biopsy: 13% 				- Fatigue: 38.1% (8/21) -Anorexia: 19% (4/21) -Nausea: 0% (0/21) -Headache: 27.3% (6/22) -Insomnia: 5.3% (1/19) • Grade 2: -Fatigue: 4.8% (1/21) -Anorexia: 0% (0/21) -Nausea: 0% (0/21) -Headache: 9.1% (2/22) -Insomnia: 0% (0/19) • Grade 3: -Fatigue: 4.8% (1/21) -Anorexia: 0% (0/21) -Nausea: 0% (0/21) -Nausea: 0% (0/21) -Nausea: 0% (0/21) -Nausea: 0% (0/21) -Headache: 0% (0/22) -Insomnia: 0% (0/19) Acute (week 3) toxicities, % (n/N) • Grade 1: -Fatigue: 60.9% (14/23) -Anorexia: 0% (0/23) -Nausea: 21.7% (5/23) -Headache: 43.5% (10/23) -Insomnia: 17.4% (4/23)
						 Grade 2: -Fatigue: 8.7% (2/23) -Anorexia: 0% (0/23) -Nausea: 0% (0/23) -Headache: 4.3% (1/23) -Insomnia: 0% (0/23) Grade 3: -Fatigue: 4.8% (1/21) -Anorexia: 0% (0/23) -Nausea: 0% (0/23) -Headache: 4.3% (1/23) -Insomnia: 0% (0/23)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
						Acute (1 month) toxicities, % (n/N) • Grade 1: -Fatigue: 50% (3/6) -Anorexia: 28.6% (2/7) -Nausea: 0% (0/12) -Headache: 10% (1/10) -Insomnia: 20% (2/10) • Grade 2: -Fatigue: 16.7% (1/6) -Anorexia: 14.3% (1/7) -Nausea: 0% (0/12) -Headache: 10% (1/10) -Insomnia: 0% (0/10) • Grade 3: -Fatigue: 16.7% (1/6) -Anorexia: 0% (0/7) -Nausea: 0% (0/7) -Nausea: 0% (0/12) -Headache: 0% (0/10) -Insomnia: 0% (0/10)
						Acute (1.5 mos) toxicities, % (n/N) • Grade 1: -Fatigue: 61.9% (13/21) -Anorexia: 4.8% (1/21) -Nausea: 14.3% (3/21) -Headache: 19% (4/21) -Insomnia: 33.3% (7/21) • Grade 2: -Fatigue: 28.6% (6/21) -Anorexia: 4.8% (1/21) -Nausea: 0% (0/21) -Headache: 9.5% (2/21) -Insomnia: 4.8% (1/21) • Grade 3: -Fatigue: 4.8% (1/21) -Anorexia: 0% (0/21)

Mizumoto 2016	Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
of Japan. COI: NR Subset of larger study (46/165) who received who received Part of the study (1/46) chemotherapy-related part of the study (1/46) chemotherapy	Retrospective Case Series High RoB Japan Funding: This work was partially supported by grants-in-aid for Scientific Research (B) (15H04901) and Young Scientists (B) (25861064) from the Ministry of Education, Culture, Sports, Science and Technology of Japan. COI: NR Subset of larger study (46/165)	Brain Tumor (glioblastoma multiforme) Indication:	Male: 52% Median Age (range): 58 (24 to 76) years Tumor Location: • frontal lobe: 50% • temporal lobe: 34.8% • parietal lobe: 6.5% • occipital lobe: 8.7% Pre-RT Surgery: • biopsy: 2.2% • partial resection: 30.4% • subtotal resection/gross	Dose RT (Photon with PBT boost) with concurrent ChT (ACNU, n=23; TMZ, n=23) Total Dose Range: 50.4 to 96.6 GyE Photon Dose: 50.4 Gy in 28 fractions PBT Boost: 23.1-46.2 GyE in	F/U (range): 42.1 (20.0 to 116.3)	 1-year: 82.6% (NR) 2-year: 47.6% (NR) Median OS: 21.1 (range, 2.8 to 116.3; 95% CI 6.3 to 10.3) mos PFS (95% CI) 1-year: 37% (NR) 2-year: 11.6% (NR) Disease Status, % (n/N) progressive or enhanced lesion at last follow-up: 91.3% (42/46) recurrence: 67.4% (31/46) Mortality, % (n/N) all-cause: 71.7% (33/46) cancer-related: 60.9% (28/46) unrelated to tumor 	-Headache: 0% (0/21) -Insomnia: 0% (0/21) Harms Toxicity Grading Criteria: CTCAE version 3.0 and RTOG/EORTC Late Radiation Morbidity Scheme Acute Toxicities: ≤3 mos Late Toxicities: >3 mos Non-hematologic acute toxicity • Grade 3: 4.4% (2/46) Acute Toxicities, % (n/N) • Grade 2: -Anemia: 13% (6/46) - Leukopenia: 30.4% (14/46) - neutropenia: 13% (6/46) - Lymphopenia: 17.4% (8/46) - Thrombcytopenia: 15.2% (7/46) -Nausea and vomiting: 4.4% (2/46) -Dermatitis: 15.2% (7/46) -Otitis: 2.8% (1/46) -Seizure: 4.4% (2/46) • Grade 3 or 4: -Anemia: 8.7% (4/46) -Leukopenia: 26.1% (12/46) (likely Chemotherapy-related) - neutropenia: 32.6% (15/46) (likely Chemotherapy-related) - Lymphopenia: 50% (23/46) (likely Chemotherapy-related) - Thrombocytopenia: 10.9% (5/46) (likely Chemotherapy-related) - Thrombocytopenia: 10.9% (5/46) (likely Chemotherapy-related) - Nausea and vomiting: 2.8% (1/46)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
while the rest received photon only						Late Radiation necrosis, % (n/N): 23.9% (11/46)
Retrospective Case Series High RoB Switzerland	Diagnosis: Intracranial meningiomas Indication: Mixed Curative intent: 76% Salvage: 24%	N=96 Male: 30.2% Median Age (range): 52.8 (3 to 77) years Histology: Benign, WHO Grade I: 63.5% atypical, WHO grade II: 34.1% anaplastic, WHO grade III: 2.1% Tumor Location non-skull base: 33.3% skull base: 66.7% Indication for Treatment: initial: 55.2% recurrence: 17.7% progression: 27.1% Gross Total	PBT 3-field beam technique with IMPT WHO Grade I tumors: -Median Dose (range): 54.0 (50.4 to 64.0) Gy(RBE) WHO Grade II or III: -median dose (range): 62 (54 to 68) Gy(RBE)	Median F/U (range): 56.9 (12.1 to 207.2) mos	OS (95% CI) • 5-year: 88.2% (80.8% to 95.6%) • WHO grade 1: 92.1% • WHO grade 2/3: 80.7% Local Control (95% CI) • 5-year [all patients]: 86.4% (78.4% to 94.4%) • 5-year[WHO grade I]: 95.7% (NR) • 5-year Local Control [WHO grade II/III]: 68% (NR) Local Failures (95% CI) • 14% (13/96) • median time to failure: 32.4 mos Mortality, % (n/N): • all-cause: 14.6% (14/96) • WHO grade 1: 8.3% (8/96) • WHO grade 2: 6.3% (6/96) • tumor related: 9.3% (9/96) • WHO grade 1: 4.2% (4/96) • WHO grade 2: 5.2% (5/96)	Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: ≤3 mos Late Toxicities: >3 mos Grade ≥3 Toxicity-Free Survival (95% CI): 5-year: 89.1% (82.2% to 96%). Acute Toxicities, % (N/N): Any grade: 90.6% (87/96) Grade ≤2: -alopecia (grade 1/2): 65.6% (63/96) -radiation dermatitis (grade 1/2): 47.9% (46/96) Grade 3: 1% (1/96) -symptomatic brain edema: 1% (1/96) Late Toxicities, % (N/N): Grade NR: 45% (43/96) -optic tract: 33% (14/96) -pituitary: 23% (10/96) -fatigue/impaired healing: 14% (6/96) High Grade Toxicities, % (N/N): Any Grade: 10% (10/96) Grade ≥3: -optic toxicities: 7.3% (7/96) -late, transient brain edema: 1.4% (1/96) -brain necrosis: 2.1% (2/96) Grade 5: 1% (1/96) -brain necrosis leading to death: 1% (1/96)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		• yes: 11.8% • no: 88.2%				

ACNU = nimustine; CI = confidence interval; cm = centimeter; COI = conflict of interest; CR = complete response; CTCAE = Common Terminology; Criteria for Adverse Events; EORTC = European Organisation for Research and Treatment of Cancer; F/U = follow-up; Gy = Gray (unit); Gy(RBE) = Gray (Relative Biological Equivalent); IMPT = Intensity Modulated Proton Therapy; mos = months; NR = not reported; OS = overall survival; PBT = proton beam therapy; PFS = progression free survival; RoB = risk of bias; RT = radiation therapy; RTOG = Radiation Therapy Oncology Group; TMZ = Temozolomide; WHO = World Health Organization

Appendix Table C2. Study characteristics and patient demographics: <u>nonrandomized comparative studies</u> of proton beam therapy in <u>brain, spinal and</u> paraspinal cancers

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Comparative Col	hort Stud	dies					
Adeberg 2017	122	Photon+PBT Boost	Inclusion: Patients w/	PBT vs. Photon	PBT vs. Photon	Median OS and PFS	Funding:
		(n = 66):	histologically confirmed				acknowledge
Retrospective		Photon Dose	supratentorial primary	Median age (range): 57.9	F/U (median	Pseudoprogression	financial support
matched-pairs		(range): 50.0 (50.0	high-grade glioma (HGG)	(20.0 to 77.0) vs 57.9 (21.6 to	[range]): 15		of the Dietmar-
comparative		to 50.4) Gy in 2.0	and subtotal surgical	77.9)	mos vs 15 mos	Harms (acute toxicity,	Норр-
cohort		Gy (1.8 to 2.0)	resection or biopsy;	Male, %: 63.6% vs 57.6%		Pseudoprogression)	Stiftung.
		fractions	Karnofsky's performance				
Moderately			status (KPS) score ≥70;	Median KPS in % (range): 90%	% F/U: 95.4%		COI: NR
high		PBT Boost Dose: 10	proton boost started ≤4	(70 to 100) vs 90% (70 to 100)	(63/66) vs.		
		Gy(RBE) in 2.0	days after completion of		100% (66/66)		Notes:
Germany		Gy(RBE) fractions	photon therapy	Temozolomide Therapy, %			
				(n/N): 93.9% (62/66) vs 87.9%			
		Photon (n = 66):		(58/66)			

^{*} Among the 81 patients who had significant dose of irradiation 'through' the pituitary.

[†] Among the 112 patients who experienced full or partial inclusion of optic apparatus in radiation fields.

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Total Photon Dose (range): 60.0 Gy (59.4 to 60.0 Gy) in 2.0 Gy fractions (1.8–2.0 Gy) • Patients in Photon+Proton boost cohort were pair matched with a cohort who underwent conventional RT and were matched by age, KPS, resection status, temozolomide therapy, and photon planning target volume dimension.	Exclusion: patients were excluded if dosing was not 50.0 Gy (range: 50.0–50.4 Gy) and target volumes were not delineated	Biopsy only, % (n/N): 19.7% (13/66) vs 6.6% (10/66) Gross residual tumor at RT <1.5 cm²: 74% vs. 81% ≥1.5 cm²: 26% vs. 19% Any chemotherapy: 84% vs. 81% Histology -Glioblastoma: 95.4% (63/66) vs 95.4% (63/66) -anaplastic astrocytoma: 3% (2/66) vs 3% (2/66) -anaplastic oligodendroglioma: 1.6% (1/66) vs 1.6% (1/66)			
Bronk 2018 Retrospective comparative cohort	99	PBT (n = 34): Passive scatter (n=29) or scanning beam (n=5)	Inclusion: Patients ≥18 years; histologically confirmed grade II or III oligodendroglioma or astrocytoma per 2007 WHO	Overall (n=34 vs. 65): Median age (range): all patients, 48 (24 to 94) years	PBT vs Photon Overall Radiographic F/U (median [range]): 34	Pseudoprogression	Funding: NR COI: NR Notes: Data provided for all
Moderately High		Oligodendroglioma (n=25): PBT Dose (range): 54 (40 to 57) Gy(RBE)	criteria; treated between 2004 and 2015 Exclusion: NR	Male: 64.7% vs 64.6% Tumor Location: frontal lobe: 52.9% vs 61.5%; other: 47.1% vs 38.5%	mos. vs 46 mos. % F/U: 100%		patients, and for the two main histologies.

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
USA		Astrocytoma (n=9): PBT Dose (range): 50.4 (50.4 to 57) Gy(RBE) IMRT (n = 65): Oligodendroglioma (n=42): Photon Dose (range): 57 (50 to 57) Gy(RBE) Astrocytoma (n=23): Photon Dose (range): 57 (50 to 60) Gy(RBE)		Grade 2: 52.9% vs 27.7% 3: 47.1% vs 72.3% Surgery: subtotal resection: 64.7% vs 66.2%; gross total resection: 35.3% vs 33.8% Concurrent ChT (Yes): 3% vs. 20% Adjuvant ChT (Yes): 52.9% vs 55.4% Oligodendroglioma (n=25 vs. 42) Median age (range): 47 (24 to 71) vs. 51.5 (34 to 94) years Male: 64% vs. 64.3% Tumor Location frontal lobe: 64% vs. 66.6% -ther: 36% vs. 33.3% Grade: 2: 44% vs. 28.6% 3: 56% vs. 71.4% Surgery: subtotal resection: 64% vs. 69% -gross total resection: 64% vs. 69% -gross total resection: 36% vs. 31% Concurrent ChT (Yes): 0% vs. 7%	Oligodendrogli oma Radiographic F/U (median [range]): 38 mos. vs 46 mos. Astrocytoma Radiographic F/U (median [range]): 24 mos. vs 46 mos. Median F/U patients with pseudoprogres sion (median [range]): 22 vs 45 mos, p=0.040		

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				Adjuvant ChT (Yes): 64% vs.			
				50%			
				Astrocytoma (n=9 vs. 23)			
				Median age (range): 46 (26 to			
				53) vs. 47 (24 to 67) years			
				Male: 66% vs. 65.2% Tumor Location			
				frontal lobe: 22% vs. 52.2%			
				other: 78% vs. 47.8%			
				Grade:			
				2: 78% vs. 26.1%			
				3: 22% vs. 73.9%			
				Surgery: subtotal resection: 66% vs.			
				61%			
				gross total resection: 34% vs. 39%			
				Concurrent ChT (Yes): 11.1%			
				vs. 43.5%			
				Adjuvant ChT (Yes): 22.2% vs .65.2%			
Gunther 2017	37	PBT (n = 14):	Inclusion: Patients ≥18	PBT vs. Photon	F/U, all	Disease response	Funding: NR
		Passive scatter	years; pathologically		patients	30000 . coponido	
Retrospective			confirmed disease (either	Median age (range): 37 (26 to	(median [IQR]):	Survival (cause-	COI: None
comparative		Median PBT dose	acute or chronic leukemia,	51) vs 39 (28 to 45) years	8 (6 to 17.5)	specific survival and	declared
cohort		(IQR):	lymphoma or myeloma)	Male, %: 57% vs 65%	mos	overall survival)	
Moderately		21.8 Gy (21.3 to 23.6)	and confirmed CNS involvement; received	Histology	F/U, all	Harms (acute and late	Notes:
High		23.0)	craniospinal irradiation	-Acute Lymphoblastic	surviving	toxicity, neurotoxicity)	
		Photon (n = 23):	prior to stem cell transplant	leukemia: 43% vs 52%	patients	tomorey, near ocomorey,	
Germany					(median [IQR]):		

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U,%	Outcomes	Funding Notes
		Median radiation dose (IQR): 24 Gy (23.4 to 24.0) All patients: • received craniospinal radiation for CNS involvement (8 as part of initial therapy and 29 at time of CNS relapse) • Two patients (unspecified cohort) received either prior CNS RT at skull base, or radiosurgery for meningioma, treatment plans adjusted accordingly to avoid 3>6 Gy cumulative dose to whole brain. • typically received multiple salvage chemotherapy regimens prior to CSI.	Exclusion: NR	-acute myeloblastic leukemia: 29% vs 17% -chronic lymphocytic leukemia: 0% vs 4% -chronic myelocytic leukemia: 21% vs 9% -lymphoma (not otherwise specified): 7% vs 13% -myeloma: 0% vs 4% Treatment Indication -consolidation: 93% vs 74% -gross disease treatment: 7% vs 26%	16 (9 to 32) mos % F/U: 100%		

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		 went on to received hematopoietic stem cell transplantation 					
Mozes 2017 Retrospective matched-pairs comparative cohort Moderately High Germany		PBT (n = 27): Median PBT dose (range): 56 GyE 54 to 58) GyE in 1.8 or 2 GyE daily fractions IMRT (n = 16): Median radiation dose (range): 56 Gy (39.6 to 60) in 1.8 or 2 Gy daily fractions FSRT (n = 23): Median radiation dose (IQR): 56 Gy (39.6 to 60) in 1.8 or 2 Gy daily fractions	Inclusion: Patients with inoperable (even biopsy not feasible), residual or recurrent intracranial meningioma Exclusion: NR	PBT vs IMRT vs FSRT N=27 vs 16 vs 23 Median age (range): NR vs NR vs NR Male, %: 14.8% vs 31.3% vs 26.1% WHO Grade -unknown: 37% vs 25% vs 34.8% -I: 63% vs 44% vs 39.1% -II: 0% vs 19% vs 17.4% -III: 0% vs 12% vs 8.7% Tumor Location: -skull base: 85.2% vs 81.3% vs 52.2% -olfactory: 11.1% vs 0% vs 0% -falx celebri: 0% vs 0% vs 8.7% -convexity: 0% vs 12.5% vs 13% -cavernous sinus: 0% vs 0% vs 17.4% -N. opticus: 0% vs 0% vs 8.7% -craniocervical junction: 0% vs 6.3% vs 0%	F/U, radiographic (median [IQR]): 24 vs 24 vs 24 mos % F/U: IC (cannot be determined)	1-year and 2-year absolute TV shrinkage, relative TV	Funding: NR COI: None declared Notes: An additional group of 11 patients who received IMRT with carbon boost was excluded from our analysis based on our inclusion criteria.

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		matched by similar age, gender and tumor volume to patients from Group A (proton) for the purposes of comparison		Indication: -inoperable tumor: 37% vs 25% vs 34.8% -residual disease: 11.1% vs 18.8% vs 30.4% -recurrent disease: 51.9% vs 56.3% vs 34.8% Mean initial Tumor Volume 26.1 ± 22.2 cm³ vs 37.3 ± 29.5 cm³ vs 26.7 ± 23.1 cm³			
Jhaveri 2018	49,57	Entire Cohort	Inclusion: The database	Entire Cohort	Entire Cohort	Overall survival	Funding:
	5	PBT (n=170)	was queried for patients	[All data reported for all	PBT vs.		J
Retrospective			diagnosed with CNS	patients only]	Photon RT		COI: None
Database		Photon RT	malignancy from 2004 to				
Comparative		(n=49,405)	2013. Adult patients (age	Male: 58.6%	Median F/U:		Notes: The
Cohort		3DCRT (n=5,196)	>18) with invasive,	Mean (SD) Age: 57.3	50.3 vs. 62.3		2014
&		IMRT (n=20,215)	histologically confirmed,	(13.96) years	months (62.1		Brain/Central
Retrospective		Photon RT NOS	WHO Grade IIV gliomas		for entire		Nervous
Propensity		(n=23,994)	were included.	Race	group)		System
Score				White: 91.1%			National
Matched		<u>Propensity</u>	Exclusion: Patients with	Black: 5.4%	% F/U : NR		Cancer
Comparative		Matched Cohort	non-glial histology	Other/Unknown: 3.6%			Database
Database		PBT (n=161)	(metastases, sarcoma,				Participant
Cohort			meningioma,	Grade of Glioma			User File was
		Photon RT	hemangioma, embryonal	Low grade: 8.8%			used to select
Moderately		(n=161)	tumors, ventricular	High grade: 91.2%			patients for
High			tumors, and primitive				this study.
			neuroendocrine	Surgery: 79.8%			

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
USA			tumors); patients who did not specifically receive RT to the brain; Patients with Karnofsky Performance Status of <60%; Patients who received inadequate RT dose (<45Gy), unconventional RT techniques (Cobalt, Electrons, Linac radiosurgery, Gamma Knife, Brachytherapy, Radium, and radioisotope), prolonged RT course (> 70 days), and cases with missing outcomes	Gross total resection: 12.2% Subtotal resection: 11.9% Biopsy: 9.8% Other: 55% Unknown: 11.1% Chemotherapy (yes): 83.6% Charlson-Deyo Score 0: 77.8% 1 to 2+: 22.2% Propensity Score Matched Cohort Male: 59.57% vs. 59.57% Mean (SD) Age: 49.4 (0.88) 49.4 (14.51) years Grade of Glioma Low grade: 26.69% vs. 26.69% High grade: 73.31% vs. 73.31% Surgery: 87.08% vs. 87.08%			

Study Intervention/ comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				Chemotherapy (yes): 78.7% vs. 78.7% Charlson-Deyo Score 0: 86.45% vs. 86.45% 1 to 2+: 13.55% vs. 13.55%			

cm = centimeter; CNS = Central Nervous System; COI = Conflict of Interest; CSI = Cranial Spinal Irradiation; F/U = follow-up; FSRT = Fractionated stereotactic radiation therapy; Gy = Gray; IMRT = intensity modulated radiation therapy; IQR = Interquartile Range; KPS = Kranofsky's Performance Status; NR = Not reported; OS = Overall Survival; PBT = Proton Beam Therapy; PFS = Progression Free Survival; RBE = Relative Biological Effectiveness; RT -= radiation therapy; TV = tumor volume; WHO = World Health Organization

Appendix Table C3. Detailed data abstraction: nonrandomized comparative studies of proton beam therapy in brain, spinal and paraspinal cancers

Study Intervention/ comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Cohort studies			
Adeberg 2017	PBT vs. Photon	NR	PBT vs. Photon
Photon+PBT (n=66) vs. Photon (n=66)	1 year-OS 75% vs 85% (estimated from graph)		For toxicity: CTCAE classification (v.4.03) Acute Toxicity (≤3 mos.), % (n/N):
Retrospective matched- pair cohort	2 year-OS 40% vs 43% (estimated from graph)		 ≥ Grade 2: 9% (6/66) vs. 14% (9/66) Grade 3: 0% (0/66) vs. 7.5% (5/66), p<0.1
Moderately high	3 year-OS 12% vs 28% (estimated from graph)		intracranial pressure • Grade 2: 6% (4/66) vs. 0% (0/66)

Study Intervention/ comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Germany	Median OS (range): 19.1 (4 to 41) mos vs 20.9 (3 to 53) mos, p=0.125 1 year-PFS 31% vs 21% (estimated from graph) 2 year-PFS 8% vs 2% (estimated from graph) Median PFS (range): 8.8 (2 to 32) mos vs 7.2 (2 to 39) mos, p=0.430 Mortality, % (n/n): -1 year: 23% (15/66) vs 15% (10/66) -'at time of evaluation': 59.1% (39/66) vs 69.7% (46/66)		 Grade 3: 0% (0/66) vs. 5% (3/66) intracranial pressure with decrease in fine motor skills: Grade 2: 2% (1/66) (same patient included above for intracranial pressure) vs. 0% (0/66) generalized seizures Grade 2: 2% (1/66) (same patient included above for intracranial pressure) vs. 0% (0/66) Grade 3: 0% (0/66) vs. 3% (2/66) persistent visual deficits Grade 2: 0% (0/66) vs 5% (3/66) transient hemiparesis Grade 2: 0% (0/66) vs 2% (1/66) worsening of pre-existing symptoms: 6% (4/66) (3 grade 2) vs. 17% (11/66) (4 grade 2, 3 grade 3) Neurocognitive Deficits, % (n/N): pre-RT: 30.3% (20/66) vs 42.4% (28/66) stable: 15.2% (10/66) vs 27.3% (18/66) worsened: 3% (2/66) vs 6.1% (4/66) improved: 12.1% (8/66) vs 9.1% (6/66) new: 9.1% (6/66) vs 3% (2/66) Sensorimotor Deficits, % (n/N): pre-RT: 39.4% (26/66) vs 30.3% (20/66) stable: 28.8% (19/66) vs 19.7% (13/66) worsened: 3% (2/66) vs 4.5% (3/66) improved: 7.6% (5/66) vs 6.1% (4/66)

Study Intervention/ comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 new: 10.6% (7/66) vs 13.6% (9/66) Seizures, % (n/N): pre-RT: 6.1% (4/66) vs 3% (2/66) stable: 1.5% (1/66) vs 0% (0/66) worsened: 0% (0/66) vs 0% (0/66) improved: 4.5% (3/66) vs 3% (2/66) new: 1.5% (1/66) vs 6.1% (4/66) Pseudoprogression, % (n/N): 8% (4/66) vs 8% (4/66) (all located in the treatment field and adjacent to initial tumor); none required additional corticosteroid therapy)
			Radiation Necrosis outside of treatment field, % (n/N): 0% (0/66) vs 0% (0/66)
Bronk 2018 PBT (n=34) vs IMRT (n=65) Retrospective comparative cohort Moderately High USA	NR	NR	Pseudoprogression, % (n/N): Overall: 14.7% (5/34) vs 13.8% (9/65), p=1.0 21% (3/14) were symptomatic; headaches (n=2) and increase in seizure frequency (n=2) Oligodendroglioma: 16% (4/25) vs 14.3% (6/42), p=1.0 time to progression: 48 vs. 131 days, p<0.01 Astrocytoma: (46 p=1.0 time to progression: p>0.05 between groups
Gunther 2017	PBT vs Photon	NR	PBT vs Photon
PBT (n=14) vs. Photon (n=23)	1 year-OS 70% vs 38% (estimated from graph); stable out to 45 months.		Mucositis during CSI: Radiation Therapy Oncology Group scale Mucositis during SCT: WHO grades

Study Intervention/ comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Retrospective comparative cohort Moderately High Germany	Actuarial 6-month survival after CSI: 78.6% vs 69.6%, p=0.15 Disease Status CNS Relapse (CSF+ for lymphoma cells): 7.1% (1/14) vs 0% (0/23), p=1.0 this patient also had concurrent systemic relapse and died from disease Mortality: 46% (17/36) (not reported by group) graft rejection or failure: 2.8% (1/36) infection: 11.1% (4/36) acute respiratory distress syndrome: 2.8% (1/36) acute graft-versus-host disease: 2.8% (1/36) recurrent disease: 2.8% (1/36) liver failure: 2.8% (1/36) cause not specified: 25% (9/36)		Toxicity during CSI, % (n/N): Any Mucositis: 7% (1/14) vs. 44% (10/23), p=0.03 Grade 0 or unknown: 93% (13/14) vs. 57% (13/23) Grade I: 0% (0/14) vs. 22% (5/23) Grade II: 0% (0/14) vs. 13% (3/23) Grade III: 7% (1/14) vs. 9% (2/23) p=0.10 for comparison of grades Any Mucositis (patients without total body irradiation): 8% (1/13) vs. 47% (7/15), p=0.04 Infection: 57% (8/14) vs. 35% (8/23), p=0.31 Gastrointestinal toxicity: 29% (4/14) vs. 30% (7/23), p=1.0 Any CNS toxicity: 21% (3/14) vs. 13% (3/23), p=0.65 Toxicity during and after SCT, % (n/N): Any Mucositis: 50% (7/14) vs. 48% (11/23), p=0.90 Infection: 86% (12/14) vs. 87% (20/23), p=1.0 Neutropenic fever: 29% (4/14) vs. 57% (13/23), p=0.17 Gastrointestinal toxicity: 79% (11/14) vs. 70% (16/23), p=0.71 CNS toxicity: 29% (4/14) vs. 35% (8/23), p=1.0 Cardiovascular toxicity: 29% (4/14) vs. 30% (7/23), p=1.0 Pulmonary toxicity: 21% (3/14) vs. 17% (4/23), p=1.0 Pulmonary toxicity: 21% (3/14) vs. 17% (4/23), p=1.0 Graft-versus-host disease: 43% (6/14) vs. 26% (6/23), p=0.29 Other complications during and after SCT, % (n/N):

Study Intervention/ comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 ICU admission: 26% (9/37) [for hypotension (n=2), diabetic ketoacidosis (n=1), acute respiratory failure (n=5), hyponatremia (n=1)]; p>0.05 for PBT vs. photon (data NR) Long-term Toxicity, % (n/N): Severe neurotoxicity (characterized by diffuse demyelination and necrosis, neurocognitive impairment, lower extremity weakness, incontinence, difficulty swallowing): 7.1% (1/14) vs 0% (0/23), p=0.38
Mozes 2017	Proton vs. IMRT vs. FSRT	NR	NR
Proton (n=27) vs. IMRT (n=16) vs. FRST (n=23) Retrospective comparative cohort Moderately High Germany	Tumor Volume (TV) (cm³) outcomes Baseline: • Mean TV (±SD): 26.1 ± 22.2 vs. 37.3 ± 29.5 vs. 26.7 ± 23.1 1-year: • Mean TV (±SD): 23.5 ± 19.8 vs. 34.6 ± 28.0 vs. 20.5 ± 14.3 • Absolute TV shrinkage (mean change versus baseline ±SD): -3.7 ± 4.6 vs4.3 ± 4.1 vs7.0 ± 14.7, p=NS for all comparisons (p=0.001 for change from baseline for proton, p=0.003 for IMRT, p=0.042 for FSRT) • Relative TV (%, ±SD): 86.4% ± 15.6 vs. 89.2% ± 24.9 vs. 84.0% ± 22.9		
	2-years: • Mean TV (±SD): 24.3 ± 20.7 vs. 23.5 ± 17.5 vs. 13.9 ± 10.0		

Study Intervention/ comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	 Absolute TV shrinkage (mean change from initial value ±SD): NR vs 9.0 ± 5.2 vs4.7 ± 3.9, p=NS for all comparisons (p=NR for change from baseline for proton, p=0.017 for IMRT, p=0.001 for FSRT) Relative TV (%, ±SD): 86.2% ± 9.2 vs. 69.4% ± 17.7 vs. 77.0% ± 14.6 		
	Only the IMRT and FSRT groups showed significant absolute TV shrinkage after 2 years compared with the 1 year value: -3.4 ± 1.5 (p=0.02) vs. -1.3 ± 1.8 (p=0.04)		
	No significant differences in TV changes between the IMRT and FSRT groups		
	Radiation modality (photon vs. particle) was not a significant independent predictive factor for volumetric response at the two-year follow- up.		

cm = centimeter; CNS = Central Nervous System; COI = Conflict of Interest; CSI = Cranial Spinal Irradiation; CTCAE = Common Terminology Criteria for Adverse Events; F/U = follow-up; FSRT = Fractionated stereotactic radiation therapy; Gy = Gray; IMRT = intensity modulated radiation therapy; IQR = Interquartile Range; KPS = Kranofsky's Performance Status; NR = Not reported; NS = Not statistically significant; OS = Overall Survival; PBT = Proton Beam Therapy; PFS = Progression Free Survival; RBE = Relative Biological Effectiveness; RT -= radiation therapy; SCT = stem cell transplant; SD = Standard Deviation; TV = tumor volume; WHO = World Health Organization

APPENDIX D. Breast

Appendix Table D1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in Breast Cancers

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Bush 2014	Diagnosis:	N=100	PBT followed by	Median	OS (95% CI)	Harms
	Breast Cancer		chemotherapy	F/U	• <u>5-year:</u> 95% (NR)	Toxicity Grading Criteria: NR
Retrospective	(invasive	Female: 100%	(13%) or hormone	(range):		Acute toxicities: ≤3 mos
Case Series	nonlobular	Median Age	therapy (78%).	60 mos	DFS (95% CI)	Late toxicities:>3 mos
	carcinoma)	(range): 63 (41 to		(NR)	• <u>5-year:</u> 94% (NR)	
High RoB		83) years	PBT Dose: NR			Acute Toxicities, % (n/N)
	Indication:				Tumor Recurrence-Free	• <u>Grade ≤2</u> :
USA	Curative Intent	Histology			Survival (95% CI):	-radiation dermatitis: 62% (62/100)
		• ductal: 90%			97% (93% to 100%)	• Grade ≥3:
Funding: NR		• mucinous: 5%				-skin reactions: 0% (0/100)
COI: None		• tubular: 4%			Recurrence/Progression, %	
declared		• medullary: 1%			(n/N)	Late skin reactions, events
					• Local: 0% (0/100)	• Grade 1:
		Involved breast:				-telangiectasia: 7 events
		• Right: 48%				
		• Left: 52%				
		T Status				
		• T1a: 8%				
		• T1b: 44%				
		• T1c: 34%				
		• T2: 14%				
		Estrogen				
		Receptor Status				
		• ER+: 88%				
		• PR+: 70%				
Cuaron 2015	Diagnosis	N=30	Uniform scanning	Median	Recurrence/Progression, %	Harms
	Breast Cancer		PBT	F/U	(n/N)	Toxicity Grading Criteria: CTCAE ver. 4.0

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Retrospective Case Series High RoB USA Funding: NR COI: None declared	Indication: Curative Intent	Female: 100% Median Age (range): 49 (29 to 86) years Histology: • invasive ductal carcinoma: 90% • invasive lobular carcinoma: 10% Involved Breast: • Right: 10% • Left: 90% Chemotherapy • neoadjuvant: 43.3% • adjuvant: 46.7% • anthracyclineba sed: 70% • concurrent Herceptin: 13.3% • none: 10% Surgery: • lumpectomy: 13.3% • chest wall wide local excision (recurrence): 6.7%	Median Total Dose: 50.4 Gy(RBE)	(range): 9.3 (2.3 to 18.6) mos Loss to F/U after 3 mos: 6.6% (2/30)	• distant (liver) metastases within 12 mos: 3.3% (1/30)	Acute Toxicities: Timeframe NR Acute Toxicities, % (n/N) Grade 1: -dermatitis: 25% (7/28) -skin pain: 10.7% (3/28) -fatigue: 46.4% (13/28) -esophagitis: 39.3% (11/28) -lymphedema: 28.6% (8/28) -Reconstructive complications: 3.6% (1/28) -chest wall pain: 3.6% (1/28) Grade 2 -dermatitis: 71.4% (20/28) -moist desquamation: 28.6% (8/28) -skin pain: 25% (7/28) -fatigue: 3.6% (1/28) -esophagitis: 28.6% (8/28) -chest wall pain: 3.6% (1/28) Grade 3 -reconstructive complications: 3.6% (1/28)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		 Mastectomy + implant reconstruction: 46.7% Mastectomy + autologous reconstruction: 3.3% Mastectomy no reconstruction: 30% 				
Ovalle 2018	Diagnosis: Breast Cancer	N=43 Female: 100%	Passive scatter PBT	Median F/U	NR	Harms Toxicity Grading Criteria: CTCAE ver. 4.0
Retrospective	Breast Caricer	Median Age	PBT Dose: 34 Gy in	(range):		Toxicity Grading Criteria. CTCAE Ver. 4.0
Case Series	Indication:	(range):	10 fractions over 1	≥6 (NR)		
	Curative Intent	(0 /	week	mos		Acute Skin Toxicities (grades NR), % (n/N)
High RoB		Histology:				Grades NR:
		• ductal: 79.1%				-Faint erythema: 28%
USA		(others NR)				-patchy erythema in an area ≤50% of the treated skin: 8%
Funding:		Stage:				-visible skin reaction within 1 week post-
Supported in		• I: 74.4% (others				treatment: 74%
part by Cancer		NR)				-visible skin reaction within two to six weeks
Center Support						post-treatment: 93%
(Core) Grant CA016672 from						-dry desquamation: 16% -moist desquamation: 2.3% (1/43)
the National						-moist desquamation. 2.3% (1/43)
Institute of						Late Skin Toxicities (6 mos post-treatment), %
Cancer, National						(n/N)
Institutes of						• <u>Grades NR:</u>
Health, to The University of						-mild hyperpigmentation in treated skin 6
Texas MD						mos post-treatment: 33% (14/43) -skin thickening at 6 mos post-treatment:
						40% (17/43)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
	Diagnosis: Breast Cancer Indication: Curative Intent	N=91 Female: 98% Median Age (range): 54 (25 to 78) years Histology • invasive ductal carcinoma: 82% • Invasive lobular carcinoma: 11% • mixed: 6% • other: 1% Involved Breast • right: 36% • left: 62% • bilateral: 2% Chemotherapy Timing:	Uniform scanning PBT or pencil beam scanning; in context of either breast conservation (29%, 27/91) or post-mastectomy (71%, 66/91); patients receiving post-mastectomy PBT also received scar boost (between 9.0 and 19.8 Gy(RBE) Median PBT Dose (range): 50.4 (44.8 to 50.4) Gy(RBE)	Median F/U (range): 15.5 (NR) mos	Recurrence/Progression, % (n/N) overall: 13.2% (12/91) distant: 8.8% (8/91) local: 2% (2/91) local and distant: 2% (2/91) Median Time to Failure (range): 8 mos (NR) Mortality, % (n/N) all-cause: 6.7% (6/91) due to recurrence: 5.5% (5/91)	-seroma/hematoma: 14% (6/43) -fat necrosis: 2.3% (1/43) -retraction/asymmetry of skin: 26% (11/43) Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: ≤ 3 mos Acute Toxicities: ≤ 3 mos Acute Toxicities: 31% (21/93) -esophagitis: 31% (28/91) -fatigue: 46% (42/91) -breast/chest wall pain: 50% (47/93) • Grade 2: -dermatitis: 72% (67/93) -esophagitis: 33% (30/91) -fatigue: 15% (5/91) -breast/chest wall pain: 29% (27/93) • Grade 3: -dermatitis: 5% (5/93) -esophagitis: 0% (0/91) -fatigue: 0% (0/91) -breast/chest wall pain: 1% (1/93) • Grades NR
		 adjuvant: 46% neoadjuvant: 51% none: 3% T Status: T1: 21% T2: 38% T3: 29% T4: 12% 				-uncomplicated rib fracture: 2.2% (2/91) -clinically evident lymphedema: 3.3% (3/91)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		N Status NO: 10% N1: 54% N2: 16% N3: 19% NX: 1%				

CI = confidence interval; COI = conflict of interest; CTCAE = Common Terminology Criteria for Adverse Events; DFS = disease free survival; F/U = follow-up; Gy = Gray (unit); Gy(RBE) = Gray (Relative Biological Equivalent); mos = months; NR = not reported; OS = overall survival; PBT = proton beam therapy; RoB = risk of bias;

Appendix Table D2. Study characteristics, patient demographics and detailed data abstraction: <u>Nonrandomized Comparative</u> Studies of Proton Beam Therapy in <u>Breast Cancers</u>

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Chowdhary	724,492	All patients	Inclusion: stage 0–III	PBT vs. Photon RT	Median F/U	Overall Survival	Funding: None
2019		underwent	breast patients undergoing		(range): 74.6		
		surgery followed	surgery and post-operative	Median age: 59 vs. 60 years	(NR) vs. 62.2		COI: None
Retrospective		by radiation	radiotherapy; Patients	% Male: 0.6%	(NR) months,		
comparative			receiving EBRT to the		p<0.001		
database		PBT (n=871)	breast and regional lymph	Race			
(NCDB) study		Median dose: 60	nodes were.	- White: 84.6% vs. 83.8%	% F/U : NR		
		Gy		- Black: 6.4% vs. 11.1%			
The NCDB			Exclusion: Patients with	- Other: 5.1% vs. 9%			
2015		Photon RT or	metastatic disease at				
Participant		Photon RT +	diagnosis; patients without	Stage			
User File for		electron boost	survival outcomes;	- 0: 13.5% vs. 10.1%			
breast cancer		(n=723,621)	patients not undergoing	- I: 44.8% vs. 46.2% vs			
was obtained		Median dose: 60.4	surgery or RT; patients	- II: 23% vs. 27.3%			
for this		Gy	receiving RT to a site other	- III: 15.2% vs. 12.8%			
analysis, which			than breast, any RT prior to	- Unknown: 3.6% vs. 3.6%			

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
included patients diagnosed between 2004 and 2014. Moderately High USA		Treatment Intent: Curative	surgery, an RT dose <39 or >70G y, or non-EBRT modalities.	Charlson-Deyo comorbidity score - 0: 90.7% vs. 86.4% - 1: 7% vs. 11.5% - ≥2: 2.3% vs. 2.2% Laterality - Right: 45.9% vs. 49.5% - Left: 54.1% vs. 50.5% Chemotherapy (yes): 42.9% vs. 45.7% Endocrine therapy (yes): 63.9% vs. 68.9% Surgery (all patients had some form of surgery) - Breast-conserving surgery: 76.6% vs. 79.9% - Mastectomy: 23.3% vs. 20% - Not specified: 0.1% vs. 0.1% Lymph node irradiation (yes): 23.7% vs. 22.2%			
Teichman 2018 [PBT patients are primarily drawn from Bush 2014 (case series)]	129	Partial Breast Proton Therapy (PBPT) (n=72) Dose: 40 CGE in 10 daily fractions Whole Breast Irradiation (WBI) with x-rays (n=57)	Inclusions: Patients with a first diagnosis of early stage (stage 0 to 2) breast cancer treated at Loma Linda University Medical Center from 2003 to 2012 and received breast-conservation therapy (usually lumpectomy)	PBPT vs. WBI Median Age (range) (at time of survey, not diagnosis): 72.5 (53 to 94) vs. 70 (46 to 86) Race/Ethnicity Caucasian: 83.3% vs. 61.4%	Median F/U (range): 84 vs. 72 months Mean F/U: 89.28 vs. 74.76 months, p=0.006	Cosmesis (Harvard scale) score(scale 0-4, higher scores=better outcomes) Breast Cancer Treatment	Funding: This work was supported by the James M Slater Endowment for Proton Therapy Research.

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Retrospective Comparative Cohort Moderately High USA		Dose: 50 Gy to entire breast + 10 Gy boost to the tumor bed	followed by partial breast proton therapy or whole breast irradiation; disease-free survivors >5 years postdiagnosis; >age 40 at diagnosis; no chemotherapy (hormonal therapy permitted); tumor size ≤3 cm. Exclusion: NR	African American: 4.2% vs. 3.5% Hispanic: 8.3% vs. 17.5% Asian: 4.2% vs. 15.8% Native American: 0% vs. 1.8% [The ratio of Caucasian to non-Caucasian patients was higher in the PBPT group (p=0.015)] Involved Breast Left: 56.9% vs. 50.9% Right: 43.1% vs. 49.1% Stage 0: 20.8% vs. 21.1% I: 66.7% vs. 66.7% II: 12.5% vs. 12.3% Median Tumor Size (range): 1.37 (<0.01 to 3.0) vs. 1.24 (0.02 to 2.8) cm Surgery Lymph node surgery: 97.2% vs. 96.5% Re-excision: 25% vs. 24.5% Wider margins, initial treatment: 4.2% vs. 5.3% Oncoplasty/Mammoplasty: 4.2% vs. 0% Endocrine therapy	F/U %: 6.5% (9/138)	Outcome Scale score (scale 0-4, higher scores=better outcomes) Brief fatigue inventory score Severity of fatigue score Medical Outcomes Study Short Form 20 item Health Survey score Body Image scale score	COI: This work was supported by the James M Slater Endowment for Proton Therapy Research.

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				Currently taking: 4.2% vs. 10.5% Past: 51.3 % vs. 59.6%			

COI: conflict of interest; EBRT = External Beam Radiation Therapy; F/U = Follow-up; NR = Not reported; PBT = Proton Beam Therapy; QOL = Quality of Life; ROB = Risk of Bias; RT = Radiation Therapy

Appendix Table D3. Detailed data abstraction: nonrandomized comparative studies of proton beam therapy in breast cancers

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Chowdhary 2019	PBT vs. Photon RT	NR	NR
N=724,492 Retrospective database comparative study (National Cancer Data Base) Moderately High USA	5-year Overall Survival (95% CI) 91.9% (NR) vs. 88.9% (NR), p<0.001 (unadjusted); adj. HR* 0.85 (0.68 to 1.07), p=0.168 In a second multivariate analysis, PBT, relative to proton/electron boost therapy, was not significant for OS within any of the stratified subsets: Laterality Left-sided: adj. HR 0.78 (95% CI 0.57–1.08), p=0.14 Right-sided: adj. HR 0.93 (95% CI 0.68–1.28), p=0.67		

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	Quadrant		
	• Inner: adj. HR 0.60 (95% CI 0.28–1.25),		
	p=0.17		
	• Outer: adj. HR 0.48 (95% CI 0.15–1.48),		
	p=0.20		
	Type of surgery		
	 Mastectomy: adj. HR 0.79 (95% CI 0.60– 1.04), p=0.10 		
	 Breast conservation: adj. HR 1.03 (95% CI 0.69–1.54), p=0.89 		
	Nodal status		
	• Positive: adj. HR 1.07 (95% CI 0.77–1.50), p=0.68		
	 Negative: adj. HR 0.75 (95% CI 0.55– 1.02), p=0.07 		
	N2-N3 status		
	• Positive: adj. HR 1.04 (95% CI 0.65–1.65), p=0.88		
	 Negative: adj. HR 0.81 (95% CI 0.63– 1.05), p=0.12 		
	Type of radiation		
	 Breast and lymph nodes: adj. HR 0.94 (95% CI 0.61–1.44), p=0.77 		
	 Breast only: adj. HR 0.82 (95% CI 0.63– 1.07), p=0.14 		
Teichman 2018	NR	Mean (SD) Cosmesis (Harvard scale) score 3.4 (0.75) vs. 2.44 (0.96), p<0.001	NR
Partial Breast Proton			
Therapy (PBPT) (n=72) vs.		Mean Breast Cancer Treatment	
Whole Breast Irradiation		Outcome Scale scores	
(WBI) with x-rays (n=57)		- Cosmetic: 1.45 vs. 1.88, p<0.001	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
[Includes patients from Bush 2014 Case Series] Retrospective Comparative Cohort Moderately High USA		- Breast Specific Pain: 1.42 vs. 1.25, p=0.005 - Edema: 1.07 vs. 1.12, p=0.526 - Functionality: 1.11 vs. 1.17, p=0.311 Mean Brief fatigue inventory score 15.3 (17.11) vs. 27.25 (22.26), p<0.002 Proportion of patients feeling unusually tired or fatigued in the last week (question 1 on the Brief Fatigue Inventory questionnaire which is not calculated into the overall score) 25.4% (18/71) vs. 62.7% (32/51), p<0.001 Medical Outcomes Study Short Form 20 item Health Survey score Of the 20 questions, significant differences were seen in six. Mean Body Image scale score 12.04 (3.75) vs. 13.91 (5.25), p<0.03 Upper arm/mobility issues: 1.19 vs. 1.30, p=0.348	

Adj. = adjusted; CI = Confidence interval; COI: conflict of interest; HR = Hazard ratio; NR = Not reported; PBT = Proton Beam Therapy; ROB = Risk of Bias; RT = Radiation Therapy
*Race, Charlson-Deyo comorbidity score, facility (academic vs. nonacademic), household income, regional location, residence (urban vs. rural), laterality, pT-stage, pN-stage, receptor status, receipt of chemotherapy, receipt of endocrine therapy, type of surgery, and year of diagnosis.

APPENDIX E. Esophageal

Appendix Table E1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in esophageal cancers

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Ishikawa 2015 Retrospective Case Series High RoB Japan Funding: supported by Grants-in-Aid for scientific research from the Ministry of Education, Culture, Sports, Science, and Technology (24591832) of Japan COI: none declared	Diagnosis: Esophageal Cancer Indication: curative intent	N=40 Male: 95% Median Age (range): 69 (52 to 79) years Tumor Location • cervical esophagus 5% • upper thoracic esophagus: 25% • middle • Thoracic esophagus: 52.5% • lower thoracic esophagus: 17.5% T Status • T1: 40% • T2: 22% • T3: 18% • T4: 10% N Status • N0: 47% • N1: 28%	PBT with concurrent chemotherapy; boost dose when residual tumors suspected PBT Total Dose: 60 GyE in 30 fractions PBT Boost Dose: 4 to 10 GyE	Median F/U (range): 24 (7 to 66) mos	OS (95% CI) • 2-year: 75.1% (59.6% to 90.6%) • 3-year: 70.4% (53.4% to 87.4%) Disease Specific Survival (95% CI): • 2-year: 77% (62.1% to 92.7%) Disease-Specific Survival (Stage I to II patients) (n=25) • 2-year: 100% Disease-Specific Survival (Stage III patients) (n=15) • 2-year: 30.1%, p<0.001 (compared to Stage I to II disease) Locoregional Control (95% CI) • 2-year: 66.4% (50.4 to 82.4%) Tumor Response: • CR: 75% (30/40) • PR: 20% (8/40)	Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: ≤3 mos Acute Hematological toxicities, % (n/N): Grade 3: -any: 20% (8/40) Grade 4: -any: 5% (2/40) Acute Non-hematological Toxicities, % (n/N): Grade 1: -Bone Marrow: 17% (1/40) -Esophagus: 25% (10/40) -Treatment-related Skin Toxicities: 67% (27/40) Grade 2: -Bone Marrow: 58% (23/40) -Esophagus: 53% (21/40) -Treatment-related Skin Toxicities: 28% (11/40) Grade 3: -Bone Marrow: 20% (8/40) -Esophagitis: 22% (9/40) -Dermatitis: 5% (2/40) -Encephalopathy: 2.5% (1/40) Grade 4: -Bone Marrow: 5% (2/40) -Esophagus: 0% (0/40)
		N2: 18%N3: 7%			Recurrence/Progression, % (n/N):	-Treatment-related Skin Toxicities: 0% (0/40)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		Stage • I: 40% • II: 22% • III: 38%			 overall: 40% (16/40) local: 20% (8/40) lymph nodes: 10% (4/40) local and lymph nodes: 2.5% (1/40) distant: 7.5% (3/40) Mortality, % (n/N) all-cause: 22.5% (9/40) due to progression: 20% (8/40) intercurrent disease without recurrence: 2.5% (1/40) 	Late Toxicities, % (n/N) Grade 1 -Heart: 92% (37/40) -Lung: 98% (39/40) -Esophagus: 85% (34/40) Grade 2 -Heart: 8% (3/40) -Lung: 2% (1/40) - Esophagus: 10% (4/40) Grade 3: -Heart: 0% (0/40) - Lung: 0% (0/40) - Esophagus: 5% (2/40) Grade 4: -Heart: 0% (0/40) -Lung: 0% (0/40) -Sophagus: 0% (0/40) -Sophagus: 0% (0/40) -Sophagus: 0% (0/40) -Sophagus: 0% (0/40) -Grade NR: -asymptomatic pleural effusion: 2.5% (1/40) -asymptomatic pericardial effusion: 7.5% (3/40) -esophageal stricture: 2.5% (1/40)
Takada 2016	Diagnosis:	N=47	PBT with	Median	OS (95% CI)	Harms Toyicity Grading Critoria: CTCAE yor, 4.0
Retrospective Case Series	Esophageal Cancer Indication:	Male: 78.7% Median Age (range): 63 (47 to	Chemotherapy, X-Ray Therapy Median Total Dose	F/U (range): 29 (5 to 63) mos	• <u>3-year:</u> 59.2% (45.7% to 76.8%) PFS (95% CI)	Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: NR Late Toxicities: NR
High RoB Japan	curative intent	77) years Histology:	(Range): 73.4 (64.6 to 80.0) Gy	,	• <u>3-year:</u> 56.3% (43.0% to 73.7%)	Acute Hematological Toxicities, % (n/N): • Grade ≥3: -leukopenia: 55.3% (26/47)
Funding: authors report no		• squamous cell carcinoma: 97.9%	Median X-Ray Dose (range):		Local Control (95% CI) • 3-year: 67.7% (54.9% to 83.6%)	-Neutropenia: 44.7% (21/47) -Anemia: 4.3% (2/47) -Thrombocytopenia: 27.7% (13/47)
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Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
received for this work. COI: none declared		 adenocarcinom a: 2.1% Tumor Location upper thoracic: 21.3% middle thoracic: 40.4% lower thoracic: 36.2% abdominal esophagus: 2.1% ECOG Status 0: 12.8% 1: 83% 2: 4.3% Stage: IA: 21.3% IB: 0% IIA: 6.4% IIB: 19.1% IIIA: 31.9% IIIB: 2.1% IIIC: 19.1% 	Medan PBT Dose (range): 37.4 (28.6 to 63.8) GyE		Mortality, % (n/N): • all-cause: 36.2% (17/47) • treatment-related: 4.3% (2/47)	Acute Non-Hematological Toxicities, % (n/N): • Grade ≥3: -Nausea and vomiting: 2.1% (1/47) -esophagitis: 10.6% (5/47) -pneumonitis: 0% (0/47) Late Toxicities, % (n/N): • Grade 2: -Pericardial Effusion: 19.1% (9/47) -Pleural Effusion: 2.1% (1/47) -pneumonitis: 2.1% (1/47) -Esophageal Stenosis: 2.1% (1/47) -Esophageal Fistula: 0% (0/47) • Grade 3: -Pericardial Effusion: 0% (0/47) -Pleural effusion: 0% (0/47) -pneumonitis: 2.1% (1/47) -Esophageal Stenosis: 4.3% (2/47) -Esophageal Stenosis: 4.3% (2/47) -Esophageal Fistula: 2.1% (1/47) • Grade 4: -Pericarditis: 0% (0/47) -Pleural effusion: 0% (0/47) -Pericardial Effusion: 0% (0/47) -Pericardial effusion: 0% (0/47) -Pericardial effusion: 0% (0/47) -pneumonitis: 0% (0/47) -Esophageal Stenosis: 0% (0/47) -Esophageal Stenosis: 0% (0/47) -Esophageal Fistula: 0% (0/47)

CI = confidence interval; COI = conflict of interest; CR = complete response; CTCAE = Common Terminology Criteria for Adverse Events; ECOG = Eastern Cooperative Oncology Group; F/U = follow-up; Gy = Gray (unit); GyE = Gray Equivalent; mos = months; NR = not reported; OS = overall survival; PBT = proton beam therapy; PFS = progression free survival; PR = partial response; RoB = risk of bias

Appendix Table E2. Study characteristics and patient demographics: nonrandomized comparative studies of proton beam therapy in esophageal cancers

Study Intervention/ Comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Cohort studies							
Fang 2018 Retrospective matched-pair cohort Moderately High USA Same cacner center as Shiriashi but different indications	448, 220 (prope nsity match ed)	Chemotherapy and radiation (PBT or IMRT) with (29%) or without (71%) induction chemotherapy, without surgical treatment: PBT (n = 110): 50.4 Gy (or cobalt gray equivalent) in 28 fractions (92%). A smaller group was treated to 45 Gy in 25 fractions (6.5%). IMRT (n = 110): 50.4 Gy (or cobalt gray equivalent) in 28 fractions (6.5%).	Inclusion: esophageal cancer treated nonsurgically with chemotherapy and radiation; treated between March 2004 and June 2016. Exclusion: early, distant metastatic disease within 1 month of completing radiation; patients with cervical tumor location or tumor histology other than squamous cell or adenocarcinoma	PBT vs. IMRT Median age (range): 70 (41 to 86) vs. 69 (44 to 84) years Male %: 94% vs. 77% Stage: Is 3.6% vs. 5.5% IIA: 31.8% vs. 30.9% IIB: 3.6% vs. 3.6% III: 58.2% vs. 56.4% IVA: 2.7% vs. 3.6% KPS score 70: 9% vs. 10% 80-100: 91% vs. 90% Tumor location in esophagus upper and middle: 23.6% vs. 23.6% lower: 76.4% vs. 76.4% Histology adenocarcinoma: 71.8% vs. 76.4% squamous cell: 28.2% vs. 23.6% Induction Chemotherapy: 27.3% vs. 28.2%	Median F/U from end of RT: 55 months (95% CI, 48 to 64); for all 448 patients (NR for matched group) % F/U: 49.1% (220/448)	Overall survival (OS) Disease-free survival (DFS) Locoregional relapse- free survival (LRRFS) Lymphopenia	Funding: statistical analysis was supported in part by a Cancer Center Support Grant (National Cancer Institute Grant P30 CA016672) COI: None relevant to this article. Several report consultantship, grants, and/or honorarium from various companies, outside the scope of the work. Notes:

Study Intervention/ Comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Lin 2017 Retrospective comparative cohort Moderately High USA	1224 eligibl e, 580 prope nsity match ed	• Patients were paired by propensity score matching into 110 pairs (out of 448 total eligible), variables included: age, PTV, clinical stage, KPS, tumor location, and treatment with induction chemotherapy Neoadjuvant concurrent chemoradiotherapy and surgical resection (84% esophagectomy) with either: PBT (n = 111): Mean Lung Dose (SD): 6.1 (2.6) Gy Mean Heart Dose (SD): 13.2 (5.2) Gy 3D-CRT (n = 214):	Inclusion: non-metastatic esophageal cancer, treated with neoadjuvant concurrent CRT and surgical resection Exclusion: patients treated with upfront surgery (without nCRT) or who underwent salvage esophagectomy	PBT vs. 3D-CRT vs. IMRT Age • >65 years: 32% vs. 36% vs. 26% • ≤65 years: 68% vs. 64% vs. 74% Male %: 89% vs. 82% vs. 87% ECOG Performance Status: • Score 0: 99% vs. 98% vs. 95% • Score 1: 1% vs. 2% vs. 5% Baseline FDG PET (Yes): 99% vs. 99% vs. 99% vs. 99% Mean tumor length (SD): 5.3 (2.4) vs. 5.2 (2.5) Tumor Location	Median F/U, radiographic (range): NR vs. NR vs. NR % F/U: 47.4% (580/1224)	Mortality Postoperative Complications	Funding: provided in part by The University of Texas MD Anderson Cancer Center and by the National Cancer Institute Cancer Center Support Grant CA016672. COI: Two authors have had consulting and/or

Study Intervention/ Comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Mean Lung Dose (SD): 10.5 (3.9) Gy Mean Heart Dose (SD): 28.4 (7.4) Gy IMRT (n = 255): Mean Lung Dose (SD): 9.5 (3.2) Gy Mean Heart Dose (SD): 22.4 (6.7) Gy • Radiation doses for lung and heart were statistically significantly different between modalities and as a whole (p<0.0001)		 Upper/middle: 1.8% vs. 11.7% vs. 5.5%; PBT vs. 3D-CRT, p<0.004 Lower/GEJ/cardia: 98.2% vs. 88.3% vs. 94.5% Histology AC: 96% vs. 90% vs. 94% SCC: 5% vs. 10% vs. 6% Clinical Stage: 1 or 2: 36% vs. 37% vs. 36.% 3 or 4: 64% vs. 63% vs. 64% Induction Chemotherapy (Yes): 39% vs. 4% vs. 35%; PBT vs. 3D-CRT, p<0.001 History of HTN (Yes): 61% vs. 49% vs. 49%; PBT vs. 3D-CRT (p=0.049) and vs. IMRT (p=0.041) History of CAD (Yes): 9% vs. 15% vs. 13% Smoking at diagnosis (Yes): 18% vs. 29% vs. 24%; PBT vs. 3D-CRT, p=0.035 			leadership roles, and/or received research and/or honorarium from various industry organizations.
Makishima 2015	44	PBT (n = 25): Passive scatter PBT;	Inclusion: patients undergoing definitive concurrent	PBT vs. XRT Age: NR	PBT vs. XRT Median F/U: 24	Mortality Harms	Funding: supported by the Ministry of
Retrospective comparative cohort		Median Radiation Dose: 60 (range, 60–70) GyE XRT (n = 19):	chemoradiotherapy Exclusion: NR	Male %: NR Tumor Location • Cervical: 12% vs. 37% • Thoracic: 88% vs. 63% • Abdominal: 0% vs. 0%	(± 4.7) vs. 20 (± 5.1) months		Education, Science, Sports and Culture of Japan [Scientific

Study Intervention/ Comparator, Design, RoB, Country	N Treat	entions tment tocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Moderately High Japan	Median R Dose: 60 • All patireceive concurrence concu	Gy ients ed		Stage (UICC 7 th) 0: 4% vs. 0% IA: 28% vs. 21% IB: 12% vs. 0% IIA: 4% vs. 0% IIB: 16% vs. 5% IIIA: 12% vs. 21% IIIC: 20% vs. 32%			Research (B) (24390286), Challenging Exploratory Research (24659556), Young Scientists (B) (25861064) and Scientific Research (C) (24591832)]. Funding to pay the Open Access publication charges for this article was provided by Grants-in- Aids for scientific research from the Ministry of Education, Culture, Sports, Science, and Technology (24390286, 24591832). COI: NR

Study Intervention/ Comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U,%	Outcomes	Funding Notes
Shiraishi 2018 Retrospective matched pair cohort Moderately High USA	480 eligibl e, 272 prope nsity match ed	Chemotherapy and RT (PBT or IMRT) with (36%) or without (64%) induction chemotherapy, followed by surgical resection: PBT (n=136) Median Radiation Dose (range): 50.4 Gy at 1.8 Gy per fraction IMRT (n=136) Median Radiation Dose (range): 50.4 Gy at 1.8 Gy per fraction • Patients were propensity matched in 136 pairs according to similar characteristics (from 480 total eligible)	Inclusion: patients with no distant metastases at presentation, treated with preoperative concurrent CRT using PBT or IMRT with or without induction chemotherapy followed by surgery; treated between March 2005 and March 2016 Exclusion: NR	PBT vs. IMRT Median Age (range): 63 (26 to 76) years vs. 60 (26 to 82) years Male %: 90% vs. 87% Stage: I: 2% vs. 1% IIA: 28% vs. 36% IIB: 5% vs. 3% IVA: 4% vs. 2% Tumor Location: upper-middle: 4% vs. 3% lower: 96% vs. 97% Induction Chemotherapy: Yes: 35% vs. 37% Histology: AC: 96% vs. 98% SCC: 4% vs. 2%	NR % F/U: 56.6% (272/480)	Acute Lymphopenia	Funding: supported in part by the Cancer Center Support Grant (NCI Grant P30 CA016672). COI: NR

Study Intervention/ Comparator, Design, RoB, Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Retrospective comparative	343 eligibl e and includ ed	PBT (n = 132): Median Radiation Dose (range): 50.4 (45.0 to 66.0) Gy IMRT (n = 211): Median Radiation Dose: 50.4 (41.4 to 66.0) Gy • patients generally received concurrent chemotherapy	Inclusion: patients w/ biopsy-confirmed thoracic esophageal adenocarcinoma or squamous cell carcinoma; treated between January 2007 and June 2014 Exclusion: M1 disease, did not have baseline positron emission tomography/computed tomography (PET/CT), had prior or concomitant malignancy, received adjuvant chemotherapy, received surgery within 6 months after CRT, or had incomplete clinical records	Age	Median F/U for survivors, (95%CI): 44.8 (11.9 to 110.3) mos vs. 65.1 (19.4 to 115.3) mos % F/U: 100%	Survival Recurrence Harms	Funding: funded in part by The Mabuchi Research Fund and The University of Texas MD Anderson Cancer Center and by National Cancer Institute Cancer Center Support Grant CA016672. COI: One author has received research funding/honorar ia from and served as a consultant for various industry organizations.

AC: adenocarcinoma; ECOG: Eastern Cooperative Oncology Group; GEJ: gastro-esophageal junction; PBT: proton beam therapy; PET: positron emission tomography; SCC: squamous cell carcinoma; SD: standard deviation.

Appendix Table E3. Detailed data abstraction: <u>nonrandomized comparative studies</u> of proton beam therapy in <u>esophageal cancers</u>

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Cohort studies			
Fang 2018	PBT vs. IMRT	NR	PBT vs. IMRT
PBT (n=110) vs. IMRT (n=110) Retrospective matched-pair cohort Moderately High USA	OS (95% CI) All patients in matched cohort • Univariate analysis: HR 0.82 (0.56 to 1.20) p=0.3 [IMRT as referent] • Multivariate analysis: NR for all patients Patients with stage III to IVA Disease [all estimated from figure] • 1-year: 80% vs. 78% • 2-year: 66% vs. 49% • 3-year: 48% vs. 38% • 4-year: 42% vs. 30% • 5-year: 42% vs. 19% • Univariate analysis: HR 1.52 (0.96 to 2.41) p=0.08 [IMRT as referent] • Multivariate Analysis: adj. HR 1.48 (0.93 to 2.35) p=0.10 [IMRT as referent; adjusted for log (PTV)] Disease Free Survival Patients with stage III to IVA Disease [all estimated from figure]		Criteria: CTCEA v. 4.0 Acute Lymphopenia during radiation therapy, % (n/N) Grades 0 to 3: 69% (76/110) vs. 52.7% (58/110) Grade 4: 31% (34/110) vs. 47% (52/110) Univariate analysis: OR 2.13 (1.19 to 3.82); p=0.01 [PBT as the referent] Univariate analysis: OR 0.5 (0.29 to 0.87) p=0.01 [IMRT as the referent] Multivariate analysis: adj. OR 0.47 (0.26 to 0.84) p =0.01 [IMRT as the referent; adjustments are not defined]

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Lin 2017	 1-year: 55% vs. 45% 2-year: 45% vs. 26% 3-year: 41% vs. 23% 4-year: 41% vs. 23% 5-year: 41% vs. 18% Univariate analysis: HR 1.50 (0.98 to 2.31) p=0.06 [IMRT as the referent] Multivariate analysis: adj. HR 1.42 (0.92 to 2.19) p=0.11 [IMRT as the referent; adjusting for log (PTV) and lymphocyte count reduction] Local-Regional Recurrence Free Survival Treatment modality (IMRT or PBT) was not significantly associated with LRRFS PBT vs. 3D-CRT vs. IMRT Mortality 30 days postop: 0% (0/111) vs. 1.9% (4/214) vs. 1.2% (3/255); Chi Squared pvalue: p=0.425 60 days postop: 0.9% (1/111) vs. 2.3% (5/214) vs. 2.7% (7/255); Chi Squared pvalue: p=0.590 90 days postop: 0.9% (1/111) vs. 4.2% (9/214) vs. 4.3% (11/255); Chi Squared pvalue: p=0.264 (clinically meaningful difference between PBT vs. other groups according to authors) 	NR	PBT vs. 3D-CRT vs. IMRT Postoperative Complications, % (n/N) • Pulmonary: 16.2% (18/111) vs. 39.5% (85/214) vs. 24.2% (62/255); Chi Squared p-value: <0.001 ○ PBT vs. 3D-CRT: adj. OR 0.34 (95% CI 0.19 to 0.61), p<0.001 ○ PBT vs. IMRT: adj. OR 0.58 (95% CI 0.32 to 1.05), p=0.08 • Cardiac: 11.7% (13/111) vs. 27.4% (59/214) vs. 11.7% (30/255); Chi Squared p-value: p<0.001 ○ PBT vs. 3D-CRT: adj. OR 0.34 (95% CI 0.17 to 0.66), p=0.002 ○ PBT vs. IMRT: adj. OR 0.87 (95% CI 0.42 to 1.77), p=0.70

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Wound: 4.5% (5/111) vs. 15.3% (33/214) vs. 14.1% (36/255); Chi Squared p-value: p=0.014 PBT vs. 3D-CRT: adj. OR 0.26 (95% CI 0.10 to 0.68), p=0.006 PBT vs. IMRT: adj. OR 0.28 (95% CI 0.11 to 0.73), p=0.009 Gastrointestinal: 18.9% (21/111) vs. 20.9% (45/214) vs. 23.0% (59/255); Chi Squared p-value: 0.656 Readmission within 60 days or death during same hospitalization, % (n/N): 17.1% (19/111) vs. 23.7% (51/214) vs. 15.6% (40/255); Chi Squared p-value: p=0.070 Mean Length of Hospital Stay, Days (95% CI) 9.3 (8.2 to 10.3) vs. 13.2 (11.7 to 14.7) vs. 11.8 (10.9 to 12.7); Chi Squared p-value: p<0.001
Makishima 2015	PBT vs. XRT	NR	PBT vs. XRT
PBT (n = 25) vs. XRT (n = 19) Retrospective comparative cohort Moderately High Japan	Mortality (mean 24 vs. 20 month f/u): 20% (5/25) vs. 31.6% (6/19)		Cardiopulmonary "Late" (not defined) adverse effects (CTCAE criteria) All pulmonary events grade ≥2: 0% (0/25) vs. 42.1% (8/19) Pharmacological pneumonitis, % (n/N) • Grade 0-1: 100% (25/25) vs. 94.7% (18/19) • Grade 2: 0% (0/25) vs. 0% (0/19) • Grade 3: 0% (0/25) vs. 0% (0/19)
			• Grade 3: 0% (0/25) Vs. 0% (0/19) • Grade 4: 0% (0/25) vs. 0% (0/19) • Grade 5: 0% (0/25) vs. 5.3% (1/19)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			Lung infection, % (n/N): • Grade 0-1: 100% (25/25) vs. 94.7% (18/19) • Grade 2: 0% (0/25) vs. 0% (0/19) • Grade 3: 0% (0/25) vs. 0% (0/19) • Grade 4: 0% (0/25) vs. 0% (0/19) • Grade 5: 0% (0/25) vs. 5.3% (1/19)
			Radiation pneumonitis, % (n/N) Grade 0-1: 100% (25/25) vs. 78.9% (15/19) Grade 2: 0% (0/25) vs. 15.8% (3/19) Grade 3: 0% (0/25) vs. 5.3% (1/19) Grade 4: 0% (0/25) vs. 0% (0/19) Grade 5: 0% (0/25) vs. 0% (0/19)
			Pulmonary effusion, % (n/N) • Grade 0-1: 100% (25/25) vs. 89.5% (17/19) • Grade 2: 0% (0/25) vs. 5.3% (1/19) • Grade 3: 0% (0/25) vs. 5.3% (1/19) • Grade 4: 0% (0/25) vs. 0% (0/19) • Grade 5: 0% (0/25) vs. 0% (0/19)
			All cardiac events (i.e., pericardial effusion) grade ≥2: 4% (1/25) vs. 52.6% (10/19) Pericardial effusion, % (n/N) Grade 0-1: 96% (24/25) vs. 47.4% (9/19) Grade 2: 4% (1/25) vs. 52.6% (10/19)
			 Grade 3: 0% (0/25) vs. 0% (0/19) Grade 4: 0% (0/25) vs. 0% (0/19) Grade 5: 0% (0/25) vs. 0% (0/19)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Shiraishi 2018	NR	NR	PBT vs. IMRT
PBT (n=136) vs. IMRT (n=136)			Criteria: NR Acute Lymphopenia during neoadjuvant
Retrospective matched pair cohort Moderately High			chemoradiation therapy % (n/N) Grades 0 to 3: 82.4% (112/136) vs. 59.6% (81/136) Grade 4: 17.6% (24/136) vs. 40.4% (55/136); OR
USA			0.32 (95% CI 0.18 to 0.55), p=0.0001; adj OR 0.29 (95% CI 0.16 to 0.52), p<0.0001
Authors also report HRs for each group related to			
overall survival, and ORs for each group related to rate of grade IV lymphopenia			
Xi 2017	PBT vs. IMRT	PBT vs. IMRT	PBT vs. IMRT
PBT (n = 132) vs. IMRT (n = 211)	1-4 year OS (estimated from graph): 1 year: 88% vs. 85% 2 year: 70% vs. 50%	Patients with Locoregional Recurrence only who went on to receive salvage surgery, % (n/N):	Treatment-Related Toxicities (criteria: CTCEA v.3.0)
Retrospective comparative cohort	3 year: 55% vs. 39% 4 year: 44% vs. 35%	33% (9/27) vs. 34% (17/50), p=0.953	Grade 3 or 4 (overall): 37.9% (50/132) vs. 45.0% (95/211); p=0.19
Moderately High	5 Year-OS: 41.6% vs. 31.6%, p=0.011; adj. HR 1.45		Grade 5 (overall): 0.8% (1/132) vs. 1.9% (4/211), p=0.65
USA Also has separate OS, PFS, LRFFS, and DMFS for early	(95% CI 1.09-1.94), p=0.010 -In patients without early distant recurrences (n=266): p=0.019 (favors PBT)		Fatigue, % (n/N) • Grade 1: 27.3% (36/132) vs. 21.8% (46/211) • Grade 2: 28.8 (38/132) vs. 31.8% (67/211)
			• Grade 3: 3.8% (5/132) vs. 4.3% (9/211)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
distant recurrences by modality.	-In patients without induction chemotherapy (n=246): p=0.041 (favors PBT) 1-4 year PFS (estimated from graph): 1 year: 62% vs. 50% 2 year: 50% vs. 33% 3 year: 42% vs. 28% 4 year: 39% vs. 24% 5 Year-PFS: 34.9% vs. 20.4%, p=0.001; adj. HR 1.56 (95% CI 1.19-2.05), p=0.001 -In patients without early distant recurrences (n=266): p=0.002 (favors PBT) -In patients without induction chemotherapy (n=246): p=0.012 (favors PBT) 1-4 year Distant metastasis free survival (estimated from graph): 1 year: 78% vs. 69% 2 year: 69% vs. 57% 3 year: 69% vs. 55% 4 year: 65% vs. 51% 5 Year-Distant Metastasis Free Survival: 64.9% vs. 49.6%, p=0.031 -In patients without early distant recurrences (n=266): p=0.023 (favors PBT) -In patients without induction chemotherapy (n=246): p=0.025 (favors PBT)		 Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Weight loss, % (n/N) Grade 1: 47.7% (63/132) vs. 45.5% (96/211) Grade 2: 10.6 (14/132) vs. 10.4 (22/211) Grade 3: 0.8% (1/132) vs. 1.4% (3/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Mausea, % (n/N) Grade 1: 18.2% (24/132) vs. 14.2% (30/211) Grade 2: 15.9% (21/132) vs. 27.5% (58/211) Grade 3: 6.8% (9/132) vs. 7.1% (15/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 12.8% (27/211) Grade 2: 18.2% (24/132) vs. 17.1% (36/211) Grade 3: 1.5% (2/132) vs. 1.9% (4/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Esophagitis, % (n/N) Grade 1: 9.1% (12/132) vs. 11.8% (25/211) Grade 2: 34.1% (45/132) vs. 11.8% (25/211) Grade 3: 11.4% (15/132) vs. 11.8% (25/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	1-4 year Locoregional failure free survival (estimated from graph): 1 year: 80% vs. 70% 2 year: 70% vs. 60% 3 year: 65% vs. 58% 4 year: 63% vs. 52% 5 Year-Locoregional Failure Free Survival 59.9% vs. 49.9%, p=0.075; adj. HR 1.46 (95% Cl 1.02-2.10), p=0.041 -In patients without early distant recurrences (n=266): p=0.025 (favors PBT) -In patients without induction chemotherapy (n=246): ?? Recurrence/Progression • Locoregional Recurrence: 33.3% vs. 41.7%, p=0.121 • Distant Recurrence: 33.3% vs. 45%, p=0.032 • Early Distant Recurrence prior to surgery: 18.2% vs. 25.1% Subgroup analysis by clinical TNM stage: • Stage I/II (n=117): no statistically significant differences were identified in 5-year OS (p=0.199), PFS (p=0.133), LRFFS (p=0.822), or DMFS (p=0.08) • Stage III (n=226): • 5-year OS: 34.6% vs 25.0%, p=0.038		 Grade 1: 7.6% (10/132) vs. 8.1% (17/211) Grade 2: 2.3% (3/132) vs. 3.8% (8/211) Grade 3: 0.8% (1/132) vs. 1.9% (4/211) Grade 4: 0% (0/132) vs. 0.50% (1/211) Grade 5: 0.8% (1/132) vs. 0.50% (1/211) Skin reaction, % (n/N) Grade 1: 23.5% (31/132) vs. 29.9% (63/211) Grade 2: 8.3% (11/132) vs. 5.7 (12/211) Grade 3: 1.5 (2/132) vs. 0.9% (2/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (1/132) vs. 6.2% (13/211) Grade 2: 0.8% (1/132) vs. 1.4% (3/211) Grade 3: 0% (0/132) vs. 0% (0/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 6: 14.4% (19/132) vs. 23.7% (50/211) Grade 7: 4.5% (6/132) vs. 4.7% (10/211) Grade 3: 0.8% (1/132) vs. 1.9% (4/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0% (0/211) Grade 6: 0% (0/132) vs. 0% (0/211) Grade 7: 10.6% (14/132) vs. 10.9% (23/211) Grade 1: 10.6% (14/132) vs. 10.9% (23/211) Grade 2: 0% (0/132) vs. 0% (0/211) Grade 3: 0.8% (1/132) vs. 0% (0/211) Grade 3: 0.8% (1/132) vs. 0% (0/211)
	o 5-year PFS: 33.5% vs. 13.2%, p=0.005		• Grade 4: 0% (0/132) vs. 0% (0/211)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	 5-year LRFFS: 62.6% vs 43.4%, p=0.051 5-year DMFS: 60% vs. 42%, p=0.191 		 Grade 5: 0% (0/132) vs. 0% (0/211) Esophageal fistula, % (n/N) Grade 1: 0% (0/132) vs. 0% (0/211) Grade 2: 0% (0/132) vs. 0% (0/211) Grade 3: 0% (0/132) 0.9% (2/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0.50% (1/211) Esophageal stricture, % (n/N) Grade 1: 1.5% (2/132) vs. 0.9% (2/211) Grade 2: 3% (4/132) vs. 2.8% (6/211) Grade 3: 9.8% (14/132) vs. 7.6% (6/211) Grade 4: 0% (0/132) vs. 0% (0/211) Grade 5: 0% (0/132) vs. 0.50% (1/211)

AC = adenocarcinoma; adj. OR = adjusted odds ratio. ECOG = Eastern Cooperative Oncology Group; GEJ = gastroesophageal junction; IMRT = intensity modulated radiation therapy; PBT = proton beam therapy; SCC = squamous cell carcinoma

APPENDIX F. Gastrointestinal

Appendix Table F1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in gastrointestinal cancers

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Hong 2014 Prospective Case Series High RoB USA Funding: supported by National Institutes of	Condition Diagnosis: Gastrointestina I (resectable pancreatic ductal adenocarcinom a) Indication: Curative Intent	N=48 male: 54% Median Age (range): 65 (49 to 92) years Median Tumor Size: 2.9 (1.1 to 4.3) cm Surgery Status: • underwent surgical	3D passive scatter PBT (Neoadjuvant short-course PBT with chemotherapy, followed by surgery and further chemotherapy) PBT Total Dose:	Median F/U (range): 38 (NR) mos	OS (95% CI) (n=48) • 1-year: 65% (NR) [estimated from graph] • 2-year: 42% (NR) (95% CI 28 to 55) • 3-year: 23% (NR) [estimated from graph] • 4-year: 23% (NR) [estimated from graph] • Median OS: 17.3 (95% CI 11.2 to 29.5) mos PFS (95% CI) (n=48)	Harms Toxicity Grading Criteria: CTCAE ver. 3.0 Acute Toxicities: ≤3 mos Acute Preoperative treatment-related toxicities, % (n/N) • Grade 2: -Colitis: 0% (0/35) -Nausea and vomiting: 8.6% (3/35) -Constipation: 2.9% (1/35) -Dehydration: 2.9% (1/35) -Diarrhea, no prior colostomy: 2.9% (1/35) -Flatulence: 2.9% (1/35)
Health (NIH) grant P01- CA021239; Proton Beam National Cancer Institute/Federal Share Program grants C06- CA059267 (to TFD) and C06- CA059267 (to TSH); a Spiro Award (to DGD); NIH grants P01-		resection: 77% • did not undergo surgery: 22.9% Reasons for Surgical Ineligibility • due preoperative diagnosis of distal cholangiocarcin oma: 9.1%	25 GyE (5 fractions of 5 GyE over 1 week)		 PFS (95% CI) (n=48) 1-year: 44%(NR) [estimated from graph] 2-year: 24% (NR) [estimated from graph] 3-year: 17.5% (NR) [estimated from graph] 4-year: 10% (NR) [estimated from graph] Median PFS: 10.4 (95% CI 7.5 to 17.1) mos Recurrence/Progression, % (n/N) Locoregional: 16.2% (6/37) 	-Chest wall pain: 0% (0/35) -Abdominal pain: 2.9% (1/35) -Limb pain: 2.9% (1/35) -Weight loss: 5.7% (2/35) • Grade 3 -Colitis: 2.9% (1/35) -Nausea and vomiting: 0% (0/35) -Constipation: 0% (0/35) -Dehydration: 0% (0/35) -Diarrhea, no prior colostomy: 0% (0/35) -Flatulence: 0% (0/35) -Chest wall pain: 2.9% (1/35) -Abdominal pain: 0% (0/35)
CA80124 (to RKJ, YB, and DGD) and R01- CA159258 (to DGD); and		due to metastatic progression: 18.2%			[Among surgically resected patients only] • distant metastases: 73% (35/48)	-Weight loss: 0% (0/35) • <u>Grade 4:</u> 0% (0/35) • <u>Grade 5:</u> 0% (0/35)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
,						
American Cancer		• due to				
Society research		unresectable			Mortality	
grant RSG-11- 073-01-TBG (to		disease at			• all-cause: 75% (36/48)	
DGD		exploration: 72.7%				
COI: NR		12.170				
Two patients						
were excluded						
due to final						
diagnosis of						
cholangiocarcino						
ma and						
autoimmune						
pancreatitis.						
Harms are						
related to ChT						
AND PBT and						
they do not						
specify further.						
Certain PFS and						
OS values (when						
noted) are						
estimated from						
graphs.		27	a: I:		00 (000)	
Kim 2018	Diagnosis:	N=37	Simultaneous	Median	OS (95% CI)	Harms
Detrochective	Gastrointestina	Male: 54 10/	Integrated Boost-	F/U all	• 1-year: 75.7% (61.8% to	Toxicity Grading Criteria: CTCAE ver. 3.0
Retrospective Case Series	1	Male: 54.1% Median Age	PBT (SIB-PBT) with induction and/or	patients	89.6%)	Acute Toxicities: ≤3 mos
Case series	Indication:	(range): 72 (52 to	concurrent	(range): 16.7	• Median OS: 19.3 (16.5 to 22) mos	Acute Hematological Toxicity during PBT
High RoB	Curative Intent	92) years	chemotherapy	(2.3 to	22) 11105	treatment, % (n/N)
I IIgii Nob	Carative intent	JZ, years	(n=8 prior to PBT,	32.1) mos	PFS (95% CI)	• Grade 0:
South Korea		Histology:	n=31 concurrently)	22.2,33	• 1-year: 64.8% (47.7% to	-Leukopenia, Grade 0: 75.7% (28/37)
			and potential for		81.9)	-Anemia, Grade 0: 59.4% (22/37)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Funding: supported by the National Cancer Center Grant (NCC 1710060 and 1710030). The funding source had no role in study design, data collection, analysis or interpretation of data. COI: none declared		• adenocarcinom a: 100% Tumor Location • head: 62.2% • body/tail: 37.8% Median Tumor Size (range): 3.6 (2.0 to 7.3) cm T Status • T3: 13.5% • T4: 86.5% N Status • N0: 91.9% • N1: 8.1% Induction Chemotherapy: 21.6% Concurrent Chemotherapy: 83.8%	surgical resection (n=35) PBT Dose Planning Target Volume 1: 45 GyE PBT Dose Planning Target Volume 2: 30 GyE	Median F/U living patients (range): 19.8 (14.5 to 32.1) mos	 Median Local PFS: 15.3 (11.6 to 19.0) mos RFS (95% CI) 1-year: 33.2% (17.5% to 48.9%) Median Recurrence Free Survival: 9.8 (95% CI, 7.1 to 12.4) mos Progression/Recurrence, % (n/N) local: 48.6% (18/37) regional: 18.9% (7/37) distant: 70.3% (26/37) Overall Treatment Response, % (n/N): PR: 21.6% (8/37) SD: 45.9% (17/37) PD: 32.4% (12/37) Primary Tumor Response, % (n/N) PR: 37.8% (14/37) SD: 62.2% (23/37) PD: 0% (0/37) Mortality: All-cause: 67.6% (25/37) 	-Thrombocytopenia: 97.3% (36/37) • Grade 1: -Leukopenia, Grade I: 21.6% (8/37) -Anemia, Grade I: 32.4 (12/37) -Thrombocytopenia: 2.7% (1/37) • Grade 2: -Leukopenia, Grade II: 2.7% (1/37) -Anemia, Grade II: 8.1% (3/37) -Thrombocytopenia: 0% (0/37) • Grade ≥3: 0% (0/37) Acute Non-Hematological Toxicity during PBT treatment, % (n/N) • Grade 0: -Hand-foot syndrome: 100% (37/37) -Anorexia: 81.1% (30/37) -Vomiting: 86.5% (32/37) -Diarrhea: 100% (37/37) -Abdominal pain: 83.8% (31/37) -Stomatitis: 94.6% (35/37) • Grade 1: -Hand-foot syndrome: 0% (0/37) -Anorexia: 10.8% (4/37) -Vomiting: 8.1% (3/37) -Diarrhea: 0% (0/37) -Abdominal pain: 16.2% (6/37) -Stomatitis: 2.7% (1/37) • Grade 2: -Hand-foot syndrome: 0% (0/37) -Anorexia: 8.1% (3/37) -Vomiting: 5.4% (2/37) -Diarrhea: 0% (0/37) -Abdominal pain: 0% (0/37) -Abdominal pain: 0% (0/37) -Stomatitis: 2.7% (1/37) • Grade ≥3: 0% (0/37)

CI = confidence interval; ChT = Chemotherapy; COI = conflict of interest; CR = complete response; CTCAE = Common Terminology Criteria for Adverse Events; F/U = follow-up; Gy = Gray (unit); GyE = Gray Equivalent; mos = months; NR = not reported; OS = overall survival; PBT = proton beam therapy; PD = progressive disease; PFS = progression free survival; PR = partial response; RFS = recurrence free survival; RoB = risk of bias; SD = stable disease;

Appendix Table F2. Study characteristics and patient demographics: nonrandomized comparative studies of proton beam therapy in gastrointestinal cancers

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Cohort studies							
Maemura	25	PBT (n = 10):	Inclusion: Patients w/	PBT vs Photon	PBT vs Photon	Overall Survival	Funding: NR
2017		Spot-scanning PBT	locally advanced and			Disease Control	COI: NR
			unresectable histologically	Mean age (range): 64.5 (46 to	Median F/U		
Retrospective		PBT Dose Range:	or cytologically confirmed	73) vs. 64.2 (43 to 83) years	(range): NR vs	Harms (toxicities)	Notes:
comparative		50 GyE (via	pancreatic cancer	Male %: 50% vs. 47%	NR		
cohort		standard 3-D	(adenocarcinoma); >20	Mean KPS (SD): 88 (4.2) vs 85	0/ 5/11: 1000/		
Moderately		conformal irradiation) to 67.5	years old; KPS >70, lack of prior radiotherapy or	(6.3) Tumor Site	% F/U: 100% vs 100%		
high		GyE (escalated	chemotherapy for another	• Head: 80% vs 87%	100%		
nign		dose via a field-in-	malignancy within past 5	 Body and Tail: 20% vs 13% 			
Japan		field technique)	years	Unresectable factor			
		4,		• SMA or CA: 80% vs 67%			
		Photon (n = 15):	Exclusion: NR	• SMV/PV: 10% vs 27%			
		Hyper-fractionated		• Other: 10% vs 7%			
		accelerated		Tumor marker			
		radiotherapy		CEA (mg/mL, mean SD):			
		(HART)		5.2 ± 3.8 vs. 4.8 ± 4.9			
		DI . D		 CA19-9 (U/mL, mean SD): 			
		Photon Dose: 56		279 ± 511 vs. 215 ± 291			
		GyE					
		All patients					
		received					
	1	induction					

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		chemotherapy, combination of gemcitabine and S-1; >2 cycles prior to radiation					

CA19-9: carbohydrate antigen 19-9; CEA: carcinoembryonic antigen; KPS: Karnofsky performance status; SD: standard deviation; SMA: superior mesenteric artery; CA: celiac axis; SMV: superior mesenteric vein; PV: portal vein.

Appendix Table F3. Detailed data abstraction: nonrandomized comparative studies of proton beam therapy in gastrointestinal cancers

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Cohort studies			
Maemura 2017	PBT vs. Photon	PBT vs. Photon	Harms RT-related Hematological Toxicities, % (n/N)
PBT (n=10) vs Photon (n=15)	Overall-survival (OS) • 1-year OS: 80% vs. 86.7% • 2-year OS: 45% vs. 33.3%	CEA response • >50% decrease: 40% (4/10) vs. 53.3% (8/15)	Leukopenia • Grade 2: 10% (1/10) vs 13% (2/15) • Grade 3: 0% (0/10) vs 20% (3/15)
Retrospective comparative cohort	• 3-year OS: 22.5% vs. 26.6% p=NS	 <50% decrease: 20% (2/10) vs. 13.3% (2/15) Increase: 20% (2/10) vs. 33.3% (5/15) 	• Grade 4: 0% (0/10) vs 0% (0/15) Neutropenia: • Grade 2: 0% (0/10) vs 0% (0/15)
Moderately high Japan	Median OS: 22.3 vs. 23.4 months, p=NS	p=NS CA19-9 response	 Grade 3: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Anemia:

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Time to Progression – see graph?	Mortality (at time of analysis): 60% (6/10) vs. 73% (11/15), p=NS Overall Treatment Response, % (n/N) • Disease control rate: 80% (8/10) vs. 93% (14/15) • Partial response (PR): 20% (2/10) vs. 53.3% (8/15) • Stable disease (SD): 60% (6/10) vs. 40% (6/15) • Progressive disease (PD): 20% (2/10) vs. 6.7% (1/15) p=NS Mean Tumor Reduction Rate (SD): 1.6 (35.7) vs. 29.9 (22.1), p<0.05 Disease Failure, % (n/N) • Local progression: 40% (4/10) vs. 60% (9/15) • Metastasis: 30% (3/10) vs. 20% (3/15) • Lung: 10% (1/10) vs. 0% (0/15) • Liver: 30% (3/10) vs. 6.7% (1/15) • Peritoneum: 10% (1/10) vs. 13.3% (2/15) 2 patients in the PBT group exhibited simultaneous progression of local and metastatic lesions Median time to progression (TTP): 15.4 vs. 15.4 months	 >50% decrease: 50% (5/10) vs. 26.7% (4/15) <50% decrease: 40% (4/10) vs. 60% (9/15) Increase: 10% (1/10) vs. 13.3% (2/15) p=NS 	 Grade 2: 0% (0/10) vs 0% (0/15) Grade 3: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Thrombocytopenia: Grade 2: 10% (1/10) vs 20% (3/15) Grade 3: 0% (0/10) vs 6.7% (1/15) Grade 4: 0% (0/10) vs 0% (0/15) No grade 4 toxicities occurred in either group RT-related Non-hematological Toxicities, % (n/N) Malaise Grade 2: 0% (0/10) vs 0% (0/15) Grade 3: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Grade 3: 0% (0/10) vs 7% (1/15) Grade 3: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Grade 3: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15) Grade 3: 10% (1/10) vs 0% (0/15) Grade 4: 0% (0/10) vs 0% (0/15)

CA19-9: cancer antigen 19-9; CEA: carcinoembryonic antigen; NS: not statistically significant; SD: standard deviation

APPENDIX G. Head and Neck (including Skull-Base)

Appendix Table G1. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>head & neck (including skull-base) cancers</u>

Author (year), Study Site Condition Po	opulation	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Retrospective Case Series Head & Neck (Sinonasal excluding melanoma, sarcoma and lymphoma) USA Indication: Curative Intent Intent	Ale: 58% Aledian Age (range): 9 (28 to 81) years Frimary Tumor ocation: nasal cavity or ethmoid: 80% maxillary: 18% frontal or spheroid: 2% Iistology: Olfactory neuroblastoma: 27% Squamous cell carcinoma: 26% Adenoid cystic carcinoma: 17% Adenocarcinoma 10% Sinonasal undifferentiated carcinoma: 8% Neuroendocrine carcinoma: 5%	PBT (n=80) or PBT+Photon (n=4) Median PBT Dose: 73.8 Gy (RBE),	Median F/U all patients (range): 28.8 (NR) mos Median F/U survivors (range): 32.4 mos	OS (95% CI) • 1-year: 95.1% (NR) • 2-year: 80.2% (NR) • 3-year: 68.4% (NR) Disease-free survival (95% CI) • 1-year: 80.7% (NR) • 2-year: 71.1% (NR) • 3-year: 62.7% (NR) Cause-specific survival (95% CI) • 1-year: 95.1% (NR) • 2-year: 81.5% (NR) • 3-year: 69.6% (NR) Local control (95% CI) • 1-year: 92.4% (NR) • 2-year: 85.1% (NR) • 3-year: 82.7% (NR) Regional (Neck) control (95% CI) • 1-year: 93.6% (NR) Regional (Neck) control (95% CI) • 1-year: 93.6% (NR) Freedom from distant metastasis (95% CI)	Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Late Toxicities: timeframe NR Late Toxicities, % (n/N) Grade 2: 11% (10/84) -CNS necrosis (grade II): 11% (10/84) Grade 3: 11.9% (10/84) -unilateral vision loss: 1.2% (1/84) -bone or soft-tissue necrosis: 6% (5/84) Grade 4: 2.4% (2/84) -unilateral vision loss: 1.2% (1/84) -bone or soft-tissue necrosis: 1.2% (1/84) -bone or soft-tissue necrosis: 1.2% (1/84) CNS necrosis leading to death: 1.2% (1/84) Secondary Malignancies, % (n/N) -Out-of-field unknown primary adenocarcinoma of the liver (<5 years after treatment): 1.2% (1/84)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		Mucoepidermoid			• 2-year: 82% (NR)	
		carcinoma: 3.5% • Other: 3.5%			• 3-year: 73.2% (NR)	
		Tumor Grade			Recurrence/Progression, %	
		• I: 14%			(n/N)	
		• II: 18%			• Local: 14.3% (12/84)	
		III: 51%Not available: 17%			• Regional and Distant: 4.8% (4/84)	
		• NOL available. 17%			• Distant Metastases: 20.2%	
		Surgery Status			(17/84)	
		Gross Total				
		Resection or			Mortality	
		Subtotal Resection:			• all-cause (at last follow-up):	
		87% (GTR 88%, STR 12%)			36% (30/84) • due to disease progression:	
		• biopsy only: 13%			30.9% (26/84)	
		, , , , , , , , , , , , , , , , , , , ,			due to secondary	
		Chemotherapy:			malignancy: 1.2% (1/84)	
		• yes: 75%			• possibly RT-related: 3.6% (3/84)	
		T Status:				
		• T1: 2.5%				
		• T2: 3.5%				
		• T3: 25%				
		• T4: 69%				
		N Status:				
		• N0: 90.5%				
		• N1: 3.5%				
		• N2: 6%				
Demizu 2017	Diagnosis : Head & Neck	N=96	PBT (n=93) or	Median	OS (95% CI)	Harms Toyleity Crading Criterias CTCAE von 4.0
Retrospective	(skull base	Male: 53.1%	PBT+photon (n=3)	F/FU (range):	• 5-year: 75.3% (65.7% to 84.9%)	Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: timeframe NR
Case Series	(Sixaii base		(5)	52.6	34.5/01	Late Toxicities: timeframe NR

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
High RoB Japan Funding: Japan Agency for Medical Research and Development, Practical Research for Innovative Cancer Control (15ck0106034 h0102), Translational Research Network Program (C33) COI: None declared	chordomas: 70%) And Bone (<30%) Indication: Curative Intent • primary: 76% • recurrent: 24%	Median Age (range): 56 (20 to 80) years Histology Chordoma: 75.0% chondrosarcoma: 20.8% osteosarcoma: 4.2% Tumor location Skull-base: 70.8% Cervical: 8.3% Lumbar: 5.2% Lumbosacral: 2.1% Sacral: 13.6% Surgery yes: 72.9% Chemotherapy: yes: 4.2%	Median Dose (range): 70 (50 to 84) Gy(RBE)	(6.3 to 131.9) mos	PFS (95% CI) • 5-year: 49.6% (38.6% to 60.6%) Local Control (95% CI) • 5-year: 71.1% (60.1% to 82.1%) Recurrence/Progression, % (n/N) • Local: 28.1% (27/96) • Regional/Distant Recurrence: 19.8% (19/96) Mortality, % (n/N): • Treatment-related deaths: 0% (0/96)	Acute Toxicities, % (n/N) • Grade 3: 9.4% (9/96) -dermatitis: 4.2% (4/96) • Grade ≥4: 0% (9/96) Late Toxicities, % (n/N) • Grade ≥3: 9.4% (9/96) -musculoskeletal and connective tissue disorders (grade 3): 3.1% (3/96) -blurred vision and pain (grade 3): 1% (1/96) -middle ear inflammation (grade 3): 1% (1/96) -pain (grade 3): 1% (1/96) -tissue necrosis (grade 4): 2.1% (2/96) -brainstem infarction: 1% (1/96)
Deraniyagala 2014 Retrospective Case Series High RoB USA Funding: NR	Diagnosis: Head & Neck (skull base chordomas) Indication: Curative Intent	N=33 Male: 53.1% Median Age (range): 56 (20 to 80)years Brainstem Involvement • yes: 33.3%	PBT Median Planning Target Volume dose (range): 74 (70 to 79) CGE	Median F/U (range): 21 (3 to 58) mos	OS (95% CI) • 2-year: 92% (NR) Local Control (95% CI) • 2-year: 86% (NR) Recurrence/Progression, % (n/N) • Overall: 12.1% (4/33) • Local: 12.1% (4/33)	Harms Toxicity Grading Criteria: NR General Toxicities, % (n/N) -unilateral hearing loss (grade 2, partially corrected by hearing aid): 18% (6/33) -higher brainstem or visual toxicities (grade 2 or higher): 0% (0/33)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
COI: NR		Optic Pathway Involvement • yes: 9% Surgery: • Gross Total Resection: 27% • Subtotal Resection: 67% • Biopsy only: 6%	207 (20)		-progression during treatment: 3% (1/33) -in-field recurrence post-treatment: 9% (3/33) • Regional metastases: 0% (0/33) • Distant metastases: 0% (0/33)	
Feuvret 2016 Retrospective Case Series High RoB France Funding: NR COI: None declared	Diagnosis: Head & Neck (skull base chondrosarc omas) Indication Curative Intent • primary: 85.5% • recurrent: 14.5%	N=159 Male: 45.3% Median Age (range): 40 (12 to 83) Surgery Status • complete resection: 8.2% • debulking: 83.6% • biopsy only: 8.2% Grade • I:48.5% • II: 51.5%	PBT (n=28) or PBT+photon (n=131) Median Total Dose (range): 70.2 (67 to 71) Gy(RBE) Median PBT Dose (range): 36.6 (16.2 to 70.2) Gy(RBE)	Median clinical F/U (range): 77 (2 to 214) mos Median Radiologic al F/U (range): 65 (2 to 197) mos	OS (95% CI) • 5-year: 94.9% (91.3 to 98.7) • 10-year: 87% (79.7 to 95.0) PFS (95% CI) • 5-year: 93.2% (89.0 to 97.6) • 10-year: 84.2% (76.5 to 92.7) Local Control (95% CI) • 5-year: 96.4% (93.0 to 100.0) • 10-year: 93.5% (88.3 to 98.9)	Harms Toxicity Grading Criteria: NR Acute Toxicities: ≤3 mos Late Toxicities: >3 mos Acute toxicities, % (n/N) • Grade ≤2: 100% (159/159) Rate of Grade 1 to 2 Late toxicities (95% CI) • 5-year: 42.9% (32.3 to 50.4) • 10-year: 57.2% (42.8 to 68.4) Rate of Grade 3 Late toxicities (95% CI) • 5-year: 10% (NR) • 10-year: 10% (NR)
		Tumor Locations • Petrous bone only: 37.7% • petrous + clivus:13.8% • petrous + Cavernous sinus: 4.4%			Recurrence Overall: 3.8% (6/159) in-field local recurrence: 2.5% (4/159) local and distant recurrence: <1% (1/159) regional recurrence: <1% (1/159)	Late toxicities, % (n/N) • Grade 1: <1% (1/159) -visual field defects: <1% (1/159) • Grade 2: 23.9% (38/159) -hormone replacement: 13.2% (21/159) -hyperprolactinemia: 1.3% (2/159) -memory loss: 2.5% (4/159) -unilateral hearing injury: 1.9% (3/159) -unilateral serous otitis: 1.3% (2/159)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		 petrous + Occipital bone: 1.3% petrous + clivus + cavernous bone: 1.3% Cavernous sinus: 23.3% Clivus: 8.2% Sphenoid bone: 5% Sphenoid and ethmoid bones: 3.8% CO: 1.3% 			 Median Time to local recurrence (range): 39.1 (5.3 to 77) mos Mortality All-cause: 10.1% (16/159) intercurrent disease: 8.2% (13/159) disease progression: 1.9% (3/159) 	-temporal lobe necrosis: 2.5% (4/159 -trigeminal nerve injury: <1% (1/159) -hemorrhage around the tumor with no neurologic deficit: <1% (1/159) • Grade ≥3: 6.9% (11/159) -severe unilateral hearing loss (required a hearing aid): 5% (8/159) -surgery for drug-resistant epilepsy due to temporal lobe necrosis: <1% (1/159) -radionecrosis after stereotactic hypofractionated RT for recurrence 5 years after PBT (lead to death): <1% (1/159) -suspected brainstem glioma found on magnetic resonance spectroscopy 7 years after proton therapy (lead to death): <1% (1/159)
Fung 2018	Diagnosis:	N=106	PBT+photon	Median	OS (95% CI)	Harms
	Head & Neck		(n=91) or PBT	F/U	• 2-year: 99% (98 to 100)	Toxicity Grading Criteria: CTCAE ver. 4.0
Retrospective	(skull base	Male: 56.6%	only (n=15)	(range):	• 4-year: 90.2% (87 to 93.4)	Acute Toxicities: ≤3 mos
Case Series	chondrosarc	Median Age (range):		61 (11 to	• 5-year: 88.3% (84.2 to 92.4)	Late Toxicities: >3 mos
High RoB France Funding: None	omas) Indication Mixed Curative • Curative	40 (12 to 83) years Surgery Complete Resection: 4.7% Incomplete	Prescribed Dose Levels 73.8 Gy(RBE) (n = 36) 72 Gy(RBE) (n = 21),	119) mos	Local Control (95% CI) • 2-year: 88.6% (84.4 to 92.8) • 4-year: 78.3% (71.2 to 85.4) • 5-year: 75.1% (66.6 to 83.6)	Freedom from Grade III-V Late Toxicities (95% CI) • 5-year: 93% (NR)
reported COI: None declared	Intent: 77.4%; • salvage: 22.6%)	Resection: 94.3% • Biopsy only: <1% Brainstem abutment/compressi on • Yes: 71.7%	70.2 Gy(RBE) (n = 23) 68.4 Gy (RBE) (n = 26)		Recurrence/Progression, % (n/N): • overall: 29.2% (31/106) • local: 21.7% (23/106) • regional: 2.8% (3/106) • distant: 4.7% (5/106) Mortality	Late toxicities, % (n/N) • Grade 2: 23.6% (25/106) -hyperprolactinemia: 2.8% (3/106) -hormone replacement therapy: 13.2% (14/106) -memory loss: 1.8% (2/106) -temporal lobe necrosis: 1.8% (2/106) -hearing loss: 3.8% (4/106)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		Optic pathways abutment/compressi on • Yes: 52.8% Extension to cervical spine • Yes: 16%			• all-cause: 11.3% (12/106) -from local failure: 9.4% (10/106) -acute pneumonia with severe heart failure (unrelated to chordoma): <1% (1/106) -radiation-related encephalopathy necrosis: <1% (1/106)	• Grade ≥3: 6.6% (7/106) -unilateral optic neuropathy (grade 3) and temporal lobe necrosis (grade 5) leading to death: <1% (1/106) -temporal lobe necrosis (grade 3): <1% (1/106) -hearing loss (grade 3): 4.7% (5/106)
Gray 2014 Retrospective Case Series	Diagnosis: Head & Neck (anterior skull-based malignancies	N=48 eligible, 31 analyzed Male: 67.7% Median Age (range):	Postoperative PBT (n=28), and/or adjuvant chemotherapy (n=11)	Median F/U (range): minimum of 18 mos	Mortality • perioperative mortality: 2.3% (1/48)	Harms Toxicity Grading Criteria: NR Acute/Intermediate Toxicities: ≤6 mos Late Toxicities: >6 mos
High RoB USA) Indication Curative	51 (12 to 82) years Histology • Squamous cell	Median PBT Dose (range): 63.7 (16.2 to 72) Gy			Acute/Intermediate complications, % (n/N) • overall: 35.5% (11/31) -intracranial infection: 9.7% (3/31)
Funding: NR COI: NR	Intent	carcinoma: 9.7% • Olfactory neuroblastoma: 54.9%				-diplopia: 6.5% (2/31) -periorbital cellulitis: 6.5% (2/31) -facial cellulitis: 6.5% (2/31)
		 Melanoma: 6.5% Sarcoma: 6.5% Adenoid cystic carcinoma: 3.2% 				-nasocutaneous fistula: 6.5% (2/31) Late Complications, % (n/N) • overall: 54.8% (17/31)
		Sinonasal undifferentiated carcinoma: 9.7% Adenocarcinoma:				-orbital complications: 41.9% (13/31) -epiphora: 22.6% (7/31) -diplopia: 9.7% (3/31)
		6.5% • Basal cell carcinoma: 3.2%				-radiation retinopathy: 6.5% (2/31) -ectropion: 3.2% (1/31) -intraorbital hemorrhage: 6.5% (2/31)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Gunn 2016 Retrospective Case Series High RoB USA Funding: Supported in part by the National Institutes of Health (NIH)/National Cancer Institute (NCI) Cancer Center Support (Core) Grant	Diagnosis: Head & Neck (oropharyng eal squamous carcinoma) Indication Curative Intent	N=50 Male: 84% Median Age (range): NR Tumor Location • Tonsil: • 54% • Base of tongue: • 42% • Glossopharyngeal sulcus: • 4% Stage • I: 2% • II: 0% • III: 18% • IVA: 74%	Intensity Modulated PBT (multifield n=46, single-field n=4) with or without induction and/or concurrent chemotherapy Median Dose (Range): 70 Gy (60 to 70)	Median F/U (range): 29 (8 to 49) mos	Os (95% CI) • 2-year: 94.5% (81.4 to 98.5) PFS (95% CI) • 2-year: 88.6% (75.8 to 95.1) • 4-year (estimated from graph): 66% Mortality, % (n/N) • overall: 4% (2/50) -unknown cause: 2% (1/50) -locoregional progression: 2% (1/50)	-radiation keratopathy leading to -blindness: 3.2% (1/31) -wound complications: 19.4% (6/31) -delayed facial cellulitis: 3.2% (1/31) -nasocutaneous fistula: (5/31) -intracranial: 12.9% (4/31) -breakdown of the pericranial flap reconstruction leaiding to encephalocele and CSF leak: 3.2% (1/31) -encephalocele: 3.2% (1/31) Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: ≤3 mos Late Toxicities: >3 mos Acute toxicities: >3 mos Acute toxicities (1/50) -Dermatitis radiation: 2% (1/50) -Oral mucositis: 4% (2/50) -Dysphagia: 22% (11/50) -Weight Loss: 50% (25/50) -Dry Mouth: 76% (38/50) -Dysgeusia: 26% (13/50) • Grade 1 -Dermatitis radiation: 10% (5/50) -Oral mucositis: 2% (1/50) -Dysphagia: 18% (9/50) -Dysphagia: 18% (9/50) -Weight Loss: 40% (20/50)
CA016672 and a U19 CA021239 to The University		• IVB: 6% Smoking Status				-Dry Mouth: 14% (7/50) -Dysgeusia: 26% (13/50) • Grade 2 -Dermatitis radiation: 42% (21/50)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
of Texas MD Anderson Cancer Center COI: One or more authors receive various support from a variety of industry organizations; authors reportfunders/s upporters played no role in the study design, collection, analysis, and interpretation of data, manuscript writing, or decision to submit the report for publication		 never: 50% current: 46% former: 4% P16 status positive: 88% unknown: 10% negative: 2% T Status: T1: 30% T2: 50% T3: 12% T4: 8% N Status: N0: 2% N1: 18% N2a: 12% N2b: 48% N2c: 16% N3: 4% Na: 4%				-Oral Mucositis 36% (18/50) -Dysphagia: 36% (18/50) -Weight Loss: 8% (4/50) -Dry Mouth: 8% (4/50) -Dysgeusia: 48% (24/50) • Grade 3 -Dermatitis radiation: 46% (23/50) -Oral mucositis: 58% (29/50) -Dysphagia: 24% (12/50) -Weight Loss: 2% (1/50) -Dry Mouth: 2% (1/50) -Dry Mouth: 2% (1/50) -Dysgeusia: 0% (0/50) • Grade ≥4: - Dermatitis radiation: 0% (0/50) - Oral mucositis: 0% (0/50) - Dysphagia: 0% (0/50) - Weight Loss: 0% (0/50) - Dysphagia: 0% (0/50) - Dry Mouth: 0% (0/50) - Dry Mouth: 0% (0/50) • Grade 0 -Dysphagia: 40% (20/50) -Dry Mouth: 2% (1/50) -Dry Mouth: 2% (1/50) -Oral mucositis: 80% (40/50) • Grade 1 -Dysphagia: 22% (11/50) -Dry Mouth: 46% (23/50) -Dysgeusia: 48% (24/50) -Oral mucositis: 14% (7/50) • Grade 2

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Hayashi 2016 Retrospective Case Series High RoB Japan Funding: NR COI: NR	Diagnosis: Head & Neck (recurrent oral cavity squamous cell carcinoma) Indication: Salvage	N=46 Male: 60.8% Median Age (range): 66 (28 to 94) years Prior Surgery: 46% Prior Irradiation: 54% Primary tumor site • Tongue: 58.7% • Upper gingiva: 15.2% • Lower gingiva: 10.9% • Hard palate: 4.3% • Floor of mouth: 6.5% • Buccal mucosa: 4.3%	PBT with concurrent chemotherapy Median PBT Dose (range): 55(28.6 to 74.8) GyE	Median F/U (range): 24 (3 to 72) mos	OS (95% CI) • 1-year: 65% (NR) • 2-year: 46% (NR) Local Control (95% CI) • 1-year: 81% (NR) • 2-year 70% (NR) Treatment Response, % (n/N): • CR: 87% (40/46) • PR: 13% (6/46) Lymph Metastases Treatment Response, % (n/N): • CR: 91.7% (22/24) • PR: 8.3% (2/24) Recurrence/Progression, % (n/N):	-Dysphagia: 26% (13/50) -Dry Mouth: 50% (25/50) -Dysgeusia: 28% (14/50) -Oral mucositis: 6% (3/50) • Grade 3 -Dysphagia: 12% (6/50) -Dry Mouth: 2% (1/50) -Dysgeusia: 0% (0/50) -Oral mucositis: 2% (1/50) • Grade ≥4: 0% (0/50) - Dysphagia: 0% (0/50) - Dysphagia: 0% (0/50) - Dry Mouth: 0% (0/50) - Dry Mouth: 0% (0/50) - Dry Mouth: 0% (0/50) - Oral mucositis: 0% (0/50) - Oral mucositis: 0% (0/50) • Marms **Toxicity Grading Criteria: CTCAE ver. 4.0 **Acute Toxicities: Timeframe NR **Late Toxicities: Timeframe NR **Hematological toxicities, % (n/N) • Grade 1 -Anemia: 22% (10/46) -Leukopenia: 11% (5/46) -Neutropenia: 4% (2/46) -Thrombocytopenia: 7% (3/46) • Grade 2 -Anemia: 22% (10/46) -Leukopenia: 22% (10/46) -Neutropenia: 24% (11/46) -Thrombocytopenia: 24% (11/46) • Grade 3 -Anemia: 15% (7/46) -Leukopenia: 20% (9/46) -Neutropenia: 20% (9/46) -Neutropenia: 20% (9/46) -Thrombocytopenia: 17% (8/46)

Author (year), Study Site	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
	Lymph Node Metastases Prior to Treatment: 52% (24/46) T Status T2: 13% T4a: 50% T4a: 50% T4b: 10.8% N Status N0: 47.8% N1: 21.7% N2b: 13% N2c: 17.4% Stage: II: 4.3% III: 34.8% IVA/IVB: 60.9%			 overall: 19.6% (9/46) local: 13% (6/46) in-field lymph node: 4% 2/46) regional lymph node: 2% (1/46) Mortality, % (n/N): distant metastases (lung): 30% (14/46) local progression: 13% (6/46) RT-related: sepsis infection after surgery for osteoradionecrosis: 2.2% (1/46) peritoneal metastases: NR pleural dissemination: NR pneumonia: 2% (1/46) 	• Grade 4 -Anemia: 0% (0/46) -Leukopenia: 0% (0/46) -Neutropenia: 0% (0/46) -Thrombocytopenia: 2% (1/46) • Grade 5: 0% (0/46) Non-hematological toxicities, % (n/N) • Grade 1 -Dermatitis: 0 (0/46) -Mucositis: 0% (0/46) -Dysphagia: 2% (1/46) -Fever: 50 (23/46) -Alopecia: 11 (7/46) -Nausea/vomiting: 2% (1/46) -Osteoradionecrosis: 2% (1/46) -Dysgeusia: 7 (3/46) -Dysarthria: 0% (0/46) • Dysarthria: 0% (0/46) • Dysphagia: 24 (11/46) -Mucositis: 28 (13/46) -Fever: 11 (5/46) -Alopecia: 7 (3/46) -Nausea/vomiting: 0% (0/46) -Osteoradionecrosis: 24% (11/46) -Nausea/vomiting: 0% (0/46) -Osteoradionecrosis: 24% (11/46) -Nausea/vomiting: 0% (0/46) -Osteoradionecrosis: 24% (11/46) -Nausea/vomiting: 0% (0/46) -Dysarthria: 0% (0/46) -Dysgeusia: 57 (26/46) • Grade 3 -Dermatitis: 57% (26/46) -Dysphagia: 65% (30/46)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						-Fever: 0% (0/46) -Alopecia: 0% (0/46) -Nausea/vomiting: 0% (0/46) -Osteoradionecrosis: 13% (6/46) -Xerostomia: 0% -Dysarthria: 0% (0/46) -Dysgeusia: 0% (0/46) -Dermatitis: 0% (0/46) -Mucositis: 0% (0/46) -Dysphagia: 0% (0/46) -Pever: 0% (0/46) -Alopecia: 0% (0/46) -Nausea/vomiting: 0% (0/46) -Osteoradionecrosis: 2.2% (1/46) -Xerostomia: 0% -Dysgeusia: 0% (0/46) -Dysarthria: 0% (0/46) • Grade 3-4 -osteoradionecrosis: 15.2% (7/46)
Hayashi 2017	Diagnosis: Head & Neck	N=34 Male: 55.9%	PBT with concurrent	Median F/U	OS (95% CI)	Harms Toxicity Grading Criteria: CTCAE ver. 4.0
Retrospective	(recurrent	Median Age (range):	chemotherapy	(range):	• 1-year: 62% (NR) • 2-year: 42% (NR)	Acute Toxicities: ≤2 mos
Case Series	oral cancer)	68 (38 to 94) years	chemotherapy	25	2-year. 42/0 (NK)	Late Toxicities: >2 mos
	,	, , , , , , , , , , , , , , , , , , , ,	Median PBT	(3 to 77)	Local Control (95% CI)	
High RoB	Indication:	Prior Treatment	Dose(range):	mos	• 1-year: 77%	Acute Toxicities, % (n/N)
	Salvage	• EBRT: 79.4%	50 (28.6 to 55)		• 2-year: 60%	• Grade 2:
Japan		• braychotherapy:	GyE in 13–25			-leukopenia: 47.1% (16/34)
Francisco ND		14.7%	fractions over 3–		Recurrence/Progression, %	-thrombocytopenia: 11.8% (4/34)
Funding: NR COI: None		• PBT: 5.9%	5 weeks		(n/N):	-anemia: 23.5% (8/34)
declared		Histology			• local: 14.7% (5/34)	-oral mucositis: 67.6% (23/34) -radiation dermatitis: 64.7% (22/34)
		Histology Squamous cell			• regional: 2.9% (1/34)	-dysphagia: 20.6% (7/34)
		carcinoma: 88.2%			• distant: 41.2% (14/34)	• Grade 3

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Authors report that 14 died of distant metastases but did not report whether there were more who had distant metastases but did not die.		 Adenoid cystic carcinoma: 5.9% Mucoepidermoid carcinoma: 2.9% Ameloblastic carcinoma: 2.9% Tumor Location Tongue: 38.2% Upper gingiva: 26.5% Lower gingiva: 14.7% Buccal mucosa: 8.8% Floor of mouth: 5.9% Hard palate: 5.9% Performance status (ECOG) 0: 64.7% 1: 35.3% Stage I: 0% II: 2.9% III: 26.5% IVA: 55.9% IVB: 14.7% T Status T1: 0% T2: 5.9% T3: 20.6% 			Treatment Response, % (n/N): • CR: 64.7% (22/34) • PR: 35.3% (12/34) Mortality, % (n/N): • overall: 61.8% (21/34) -distant metastases (lung): 41.2% (14/34) -local progression: 11.8% (4/34) -other causes (not specified): 8.8% (3/34)	-leukopenia: 17.6% (6/34) -thrombocytopenia: 23.5% (8/34) -anemia: 2.9% (1/34) -oral mucositis: 32.4% (11/34) -radiation dermatitis: 29.4% (10/34) -dysphagia: 35.2% (12/34) -dysphagia (requiring percutaneous endoscopic gastrostomy): 17.6% (6/34) -severe dysphagia (requiring nasogastric tubes for feeding): 11.8% (4/34) • Grade 4: 2.9% (1/34) -thrombocytopenia: 2.9% (1/34) • Grade 5: 0% (0/34) Late Toxicities, % (n/N) • Grade 2: -Dry mouth: 58.8% (20/34) -Osteonecrosis: 32.4% (11/34) • Grade 3: 2.9% (1/34) -Osteonecrosis: 2.9% (1/34) • Grade ≥4: 0% (0/34)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
McDonald 2015 Retrospective Case Series High RoB USA Funding: Supported in part by the Jesse N. Jones, III, Memorial Fund for Head and Neck Cancer Research at the Indiana University Melvin and Bren Simon Cancer Center. COI: None declared	Diagnosis: Head & Neck (skull base chordoma, chondrosarc oma, adenoid cystic carcinoma, or sinonasal malignancies) Indication: Curative Intent	• T4a: 52.9% • T4b: 20.6% N Status • N0: 52.9% • N1: 20.6% • N2a: 0% • N2b: 17.6% • N2c: 8.8% • N3: 0% N=66 Male: 50% Median Age (range): NR (15 to 78) years Clival Based Tumor • yes: 36.3% Smokers: 13.6%	PBT with (n=54) or without concurrent chemotherapy (n=12) Median PBT Dose (range): 75.6 (62 to79.2) Gy(RBE)	Median F/U (range): 31 (6 to 96) mos	OS (95% CI) • 3-year: 84.9% (74.9% to 94.9%)	Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Rate of any grade temporal lobe radiation necrosis: 3-year: 12.4% (95% CI 6.1% to 18.7%) Rate of Radiation Necrosis (95% CI) 3-year: grade ≥2: 5.7% (1.2% to 10.2%) Radiation Necrosis, % (n/N) • total number of involved temporal lobes: 16 lobes • any grade Radiation Necrosis in temporal lobe(s):18.2% (12/66) • grade 1 -asympomatic radiographic changes: 10.6% (7/66) • grade 2 -symptomatic, unilateral, requiring transient steroid use: 1.5% (1/66) • Grade 3 -symptomatic, requiring hyperbaric oxygen therapy, seizure medication, or bevacizumab: 4.5% (3/66)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
McDonald 2016 Retrospective Case Series High RoB USA Funding: supported in part by the biostatistics and bioinformatics of Winship Cancer Institute of Emory University and NIH/ NCI under award number P30CA138292CO I: None declared Includes multivariate analysis (HR, p- values) for OS, Local Failure and	Diagnosis: Head & Neck (recurrent and second primary) Indication: Salvage	N=61 Male: 60.7% Median Age (range): 68 (15 to 78) years Histology • squamous cell: 52.5% • adenoid cystic carcinoma: 16.4% • Undifferentiated carcinoma: 8.2% • Salivary duct carcinoma: 4.9% • Mucoepidermoid carcinoma: 4.9% • Esthesioneuroblast oma: 3.3% • Sinonasal undifferentiated • carcinoma: 3.3% • Adenocarcinoma: 3.3% • Adenocarcinoma: 3.3% • Carcinoma ex pleomorphic • Adenoma: • 1.6%	PBT with concurrent (n=18), induction (n=2) or no (n=41) chemotherapy Median Total PBT Dose (residual disease): 66 Gy (RBE) Median Total PBT Dose (gross disease): 70.2 Gy (RBE)	Median F/U (range): 15.2 mos Median Survivor F/U(range): 28.7 mos	OS (95% CI) • 1-year: 56% [estimated from graph] • 2-year: 32.7% (20.8% to 45.1%) • Median OS: 16.5 (10.2 to 21.9) mos cumulative incidence of local failure with death as a competing risk (95% CI) • 2-year: 19.7% (95% CI 10.8% to 30.5%) cumulative incidence of Regional nodal failure (95% CI) • 2-year: 3.3% (0.6% to 10.2%) cumulative incidence of Distant metastases (95% CI) • 2-year: 38.3% (26.0% to 50.5%) Recurrence/Progression, % (n/N) • Overall: 59% (36/61)	 Grade 4 -symptomatic, bitemporal, requiring transient hospitalization and protracted medical management: 1.5% (1/66) Median time to development of radiation necrosis(range): 21 (8 to 51) mos Harms Toxicity Grading Criteria: NR Acute Toxicities: ≤3 mos Late Toxicities: >3 mos Acute toxicities: % (n/N) overall Grades 0 to 2: 47.5% overall grade 3: 13.1% overall grade 4: 0% overall grade 5: 1.6% Grade 0 -Dermatitis: 21.3% (13/61) -Xerostomia: 95.1% (58/61) -Dysphagia: 95.1% (58/61) -Ocular: 93.4% (57/61) -Soft tissue/bone: 93.4% (57/61) -CNS: 98.4% (60/61) Grade 1 -Dermatitis: 32.8% (20/61) -Xerostomia: 1.6% (1/61) -Dysphagia: 1.6% (1/61) -Dysphagia: 1.6% (1/61) -Ocular: 4.9% (3/61) -Soft tissue/bone: 0% (0/61) -CNS: 0% (0/61) Grade 2
Distant		Basal cell carcinoma: 1.6%			• Local only: 16.4% (10/61)	-Dermatitis: 41% (25/61)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Metastasis as related to a number of factors (location, GTV, residual disease, KPS) Late toxicities reported for n=53 due to "nine patients" who "survived <3 months" who were not counted for risk of late toxicities. Despite saying nine, the difference is 8 patients; not sure if typo.		Disease Status Recurrent: 90.2% Second primary: 9.8% Prior Treatment Salvage Surgery before Reirradiation: 47.5% previous chemotherapy: 59% Tumor Location: skull-base: 90.2% cervical: 8.2% oropharyngeal: 1.7% Smoking never: 63.9% <10 packyears: 4.9% >10 packyears: 24.6% unknown: 6.6% T and N Status TON2: 6.6% TON3: 1.6% T2N0: 8.2% T3N0: 3.3% T4N0: 72%			 Local plus distant metastases: 3.3% (2/61) Regional nodal only: 3.3% (2/61) Distant metastasis: 36.1% (22/61) Median time to failure (IQR; range): 4.9 (1.5 to 7.8; 0 to 8.7) mos Mortality, % (n/N) all-cause (3 months): 13.1% (8/61)* treatment toxicity-related: 4.9% (3/61) disease progression (metastatic): 3.3% (2/61) other (not specified): 4.9% (3/61) Weight Loss, % (n/N): lost >10% of pretreatment weight: 0% (0/61) Median percentage of weight loss, % (IQR; range): 2% (IQR 0% to 4%; range - 10% to 10%) 	-Xerostomia: 1.6% (1/61) -Dysphagia: 3.3% (2/61) -Mucositis: 11.5% (7/61) -Ocular: 1.6% (1/61) -Soft tissue/bone: 1.6% (1/61) -CNS: 0% (0/61) • Grade 3: -Dermatitis: 4.9% (3/61) -Xerostomia: 0% (0/61) -Dysphagia: 0% (0/61) -Mucositis: 3.3% (2/61) -Ocular: 0% (0/61) -Soft tissue/bone: 4.9% (3/61) • Grade 4 -Dermatitis: 0% (0/61) -Xerostomia: 0% (0/61) -Xerostomia: 0% (0/61) -Dysphagia: 0% (0/61) -Mucositis: 0% (0/61) -Soft tissue/bone: 0% (0/61) -Soft tissue/bone: 0% (0/61) -CNS: 0% (0/61) • Grade 5 -Dermatitis: 0% (0/61) -CNS: 0% (0/61) -Dysphagia: 0% (0/61) -Soft tissue/bone: 0% (0/61) -Soft tissue/bone: 0% (0/61) -Ocular: 0% (0/61) -Soft tissue/bone: 0% (0/61) -Ocular: 0% (0/61) -Soft tissue/bone: 0% (0/61)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		• T4N1: 4.9% • T4N2: 3.3%				 overall grade 0 to 2: 22.6% overall grade 3: 15.1% overall grade 4: 5.7% overall grade 5: 3.8% Grade 0 -brain radiation necrosis: (45/53) -Soft tissue/bone: 69.8% (37/53) -Xerostomia: 94.3% (50/53) -Orbital: 98.1% (52/53) -CNS: (47/53) Grade 1 -brain radiation necrosis: 5.7% (3/53) -Soft tissue/bone: 5.7% (3/53) -Soft tissue/bone: 5.7% (3/53) -CNS: 0% (0/53) -CNS: 0% (0/53) Grade 2 -brain radiation necrosis: 9.4% (5/53) -Soft tissue/bone: 5.7% (3/53) -Xerostomia: 3.8% (2/53) -Orbital: 1.9% (1/53) -CNS: 3.8% (2/53) Grade 3 -Grade III brain radiation necrosis: 0% (0/53) -Grade III Xerostomia: 0% (0/53) -Grade III CNS: 1.9% (1/53) Grade 4 -brain radiation necrosis: 0% (0/53) -Soft tissue/bone: 1.9% (1/53) Grade 4 -brain radiation necrosis: 0% (0/53) -Soft tissue/bone: 1.9% (1/53) Soft tissue/bone: 1.9% (1/53) Soft tissue/bone: 1.9% (1/53) Orbital: 0% (0/53) -Soft tissue/bone: 1.9% (1/53) Soft tissue/bone: 1.9% (1/53) Orbital: 0% (0/53) CNS: 3.8% (2/53)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Morimoto 2014 Retrospective Case Series High RoB Japan Funding: COI: None declared A group of patients who received carbon ion (n=10) were excluded because data was reported separately. OS and Local PFS also provided by pathological cancer type and according to primary site, , extent of tumor,	Diagnosis: Head & Neck (unresectabl e locally advanced Head & Neck cancers with skull base invasion) Indication: Curative Intent	N=179 eligible, 47 analyzed Male: 53.2% Age Groups:	PBT Median PBT Dose (Range): NR (65- 70.2) GyE	Median F/U (range): 32 (6.4 to 80.4) mos	OS (95% CI), (n=57) • 3-year: 60% (NR) Local PFS (95% CI), (n=57) • 3-year: 56% (NR) Treatment Response, % (n/N) • CR: 4.3% (2/47) • PR: 44.7% (21/47) • SD: 51.1% (24/47) Distant Metastasis Recurrence/Progression, % (n/N): • Local: 46.8% (22/47) • Regional lymph node metastasis: 10.6% (5/47) • Distant: 42.6% (20/47)	• Grade 5 -brain radiation necrosis: 0% (0/53) -Soft tissue/bone: 1.9% (1/53) -Xerostomia: 0% (0/53) -Orbital: 0% (0/53) -CNS: 1.9% (1/53) Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: timeframe NR Late Toxicities: timeframe NR Acute toxicity, % (n/N) • Grade ≥4: 0% (0/47) Late toxicity, % (n/N) • Grade 2: -optic nerve disorder: 4.3% (2/47) - extraocular muscle paralysis: 2.1% (1/47) • Grade 3: -optic nerve disorder: 6.4% (3/47) -cataract: 2.1% (1/47) -meningismus: 2.1% (1/47) -pharyngeal mucositis: 2.1% (1/47) -hearing impaired: 2.1% (1/47) • Grade 4: - optic nerve disorder: 4.3% (2/47) - edema cerebral: 2.1% (1/47)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
and initial		• nasopharynx:				
treatment		10.6%				
response.		parapharnygeal				
OS and LPFS are		space: 2.1%				
given for the		• parotid gland: 4.3%				
whole cohort of		• external and				
PBT (n=47) and		middle ear: 4.2%				
carbon ion		Extent of Tumor				
(n=10)		anterior skull base:				
		40.4%				
		• middle skull base:				
		23.4%				
		• cavernous sinus:				
		21.3%				
		• middle skull base &				
		cavernous sinus:				
		14.9%	/ / /2)		()	
Nakamura 2017	Diagnosis:	N=42	PBT alone (n=18)	Median	OS (95% CI),	Harms
Retrospective	Head & Neck (olfactory	Male: 40%	or with induction and/or	F/U	• 5-year Kadish A: 100%	Toxicity Grading Criteria: CTCAE ver. 3.0 Acute Toxicities: ≤3 mos
Case Series	neuroblasto	Median Age (range):	concurrent	(range): 69 (7 to	• 5-year Kadish B: 86%	Late Toxicities: >3 mos
Case Series	ma)	51 (20 to 87) years	chemotherapy	186) mos	• 5-year Kadish C: 76%	Late Toxicities. >5 mos
High RoB		31 (20 to 07) years	(n=24)	200,05	PFS (95% CI)	Acute Toxicities, % (n/N)
	Indication:	Histopathology	,		• 5-year Kadish A: 80%	• Grade 3:
Japan	Curative	• Kadish A: 12%	Total Dose:		• 5-year Kadish B: 65%	-mucositis: 9.5% (4/42)
	Intent	• Kadish B: 21%	65 (65 to 70)		• 5-year Kadish C: 39%	-dermatitis: 2.4% (1/42)
Funding:		• Kadish C: 67%	Gy(RBE)		,	• <u>Grade ≥4:</u> 0% (0/42)
supported in						
part by Grants-					Recurrence/Progression, %	Late Toxicities, % (n/N)
in-Aid for					(n/N)	• <u>Grade 3:</u>
Scientific					• overall: 47.6% (20/42)	-ipsilateral visual impairment: 2.4% (1/42)
Research (16K10412) from					• local: 14.3% (6/42)	• Grade 4:
the Ministry of					• local and regional: 4.8%	-bilateral visual impairment: 2.4% (1/42)
the Millistry Of					(2/42)	- ipsilateral visual impairment: 4.8% (2/42)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Education,					local and distant: 4.8%	- liquorrhea: 2.4% (1/42)
Science and					(2/42)	• <u>Grade ≥3:</u>
Culture of Japan,					• regional: 19% (8/42)	-brain necrosis: 0% (0/42)
by Health					• distant: 4.8% (2/42)	, · · /
Science						
Research Grants						
from the						
Ministry						
of Health and						
Welfare, and by						
the National						
Cancer Center						
Research and						
Development						
Fund (25-A-10 &						
28-A-14						
COI: One author						
reports receiving						
grants and						
personal fees						
from multiple						
industry						
organizations.						
OS and PFS only						
provided by						
histology and						
not overall						
population.						
Authors found a						
significant						
difference in OS						
between <50						

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
and 50 and older patients.						
Phan 2016 Retrospective Case Series High RoB USA Funding: NR COI: NR	Diagnosis: Head & Neck (reirradiatio n , various histologies) Indication: Salvage • recurrent disease: 91.7% • second primary: 8.3%	N=60 Male: 71.6% Median Age (range): NR (26-81) years Histology • squamous cell carcinoma: 66.7% • adenoid cystic carcinoma: 11.7% • adenocarcinoma: 10% • neuroendocrine (not specified): 5% • other salivary (not specified): 3.3% • sarcoma: 1.7% • benign (not specified): 1.7% Salvage Surgery: • Yes: 58.3% Retreatment Chemotherapy • yes: 76.7% Tumor Locations: • oropharynx: 25% • oral cavity: 5%	Passive scatter PBT (n=15) or IMPT (n=45) Median Squamous Cell Carcinoma PBT Dose (range): 66 (59.4 to 70) Gy Median Non- Squamous Cell Carcinoma PBT Dose (range): 62 (50-70)	Median F/U (range): 13.6 (0 to 50) mos	OS (95% CI) 1-year: 81.3% (NR) 2-year: 69% (NR) PFS (95% CI) 1-year: 60.1% (NR) 2-year: 48.2% (NR) Locoregional Failure-Free Survival (95% CI) 1-year: 68.4% (NR) 2-year: 55.9% (NR) Distant Metastasis-Free Survival (95% CI) 1-year: 74.9% (NR) 2-year: 63.7% (NR) Locoregional Control (95% CI) 1-year: 80.8% (NR) 2-year: 72.8% (NR) Recurrence/Progression, % (n/N) Local: 15% (9/60) Regional: 5% (3/60) Locoregional: 20% (12/60) Distant: 13.3% (8/60)† median time to recurrence: 8.8 (3 to 43.6) mos Mortality	Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: ≤1 mos Late Toxicities: ≥2 mos Rate of grade 3 late toxicities • 1-year: 16.7% (10/60) Actuarial Rate of grade 3 late toxicities • 1-year: 11.9% (NR) • 2-year: 26% (NR) Rate of feeding tube independence • 1-year: 82% (NR) • 2-year: 82% (NR) Acute Toxicities, % (n/N) • Grade 1 to 2: -mucositis: 5% (3/60) -odynophagia: 5% (3/60) -dysphagia: 5% (3/60) -xerostomia: 3.3% (2/60) -pain: : 3.3% (2/60) -dermatitis: 10% (6/60) • Grade 3: 30% (18/60) -dermatitis: 10% (6/60) -odynophagia: 10% (6/60) -odynophagia: 10% (6/60) -odysphagia: 5% (3/60) -xerostomia: 3.3% (2/60) -weight loss: 3.3% (2/60) • Grade 4

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		 nasopharynx: 13.3% larynx: 1.6% parotid: 11.&% orbit: 5% sinonasal: 20% neck/unknown primary: 5% other: 13.3% Smoking Never: 41.7% <10 packyears: 16.7% >10 packyears: 41.7% 			 All-Cause: 1.7% (1/60) potentially treatment-related: 1.7% (1/60) 	-osteoradionecrosis (potentially treatment-related): 3.3% (2/60) • Grade 5 -multisite organ failure and acute cerebral infarction: 1.7% (1/60) Late Toxicities, % (n/N) • Grade 1 to 2: -dysphagia: 1.7% (1/60) -ototoxicity: 3.3% (2/60) -osteoradionecrosis: 1.7% (1/60) -neurotoxicity: 1.7% (1/60) • Grade 3: 20% (12/60) -dysphagia: 1.7% (1/60) - xerostomia: 1.7% (1/60) - feeding tube placed during RT or <1 month after RT: 46% (6/13) -neurotoxicity: 3.3% (2/60) -tracheostomy: 3.3% (2/60)
Romesser 2016	Diagnosis:	N=91	Uniform-scanning	Median	OS (95% CI)	Harms
	Head & Neck	Males: 70.7%	PBT	Survivor	• 1-year: 65.2% (NR)	Toxicity Grading Criteria: CTCAE ver. 4.0
Retrospective	(reirradiatio	Median Age: 63 (IQR		F/U		Acute Toxicities: ≤3 mos
Case Series	n , various	51.5 to 70) years	Median PBT Dose	(range):	Incidence of Locoregional	Late Toxicities: >3 mos
	histologies)		(range): 60.6 Gy	13.3 mos	Failure with death as	
High RoB		1= 6	(RBE).	(IQR 8.2 to	competing risk (95% CI)	Acute toxicities, % (n/N)
LICA	Indication	Initial Tumor Site		19.2) mos	• 1-year: 25.1%	• <u>Grade 0</u>
USA	for treatment	• oropharynx: 85.5%		Median	Successions for an Distant	- dysphagia: 37.9% (25/66)
Funding:	Salvage	 nasal cavity and paranasal sinuses: 		F/U all	Freedom from Distant Metastases (95% CI)	- mucositis: 40.7% (37/91) - nausea: 69.2% (63/91)
Authors report	Jaivage	13%		patients	• 1-year: 84% (NR)	- Hausea. 09.2% (03/91) - dysgeusia: 54.9% (50/91)
no specific		• oral cavity: 13%		(range):	- 1-year. 04/0 (NK)	- dysgedsia: 54:5% (50/91) - esophagitis: 62:1% (41/66)
funding for		• larynx/hypopharyn		10.4 (IQR,	Progression/Recurrence, %	- dermatitis: 11% (10/91)
study.		x: 10.9%		5.3 to	(n/N)	• Grade 1
COI: One author		• salivary glands:		17.5) mos	• locoregional: 33.7% (31/92)	-dysphagia: 28.8% (19/66)
has minority		12%			(01/02/	-mucositis: 31.9% (29/91)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
investment in a proton therapy center (ProCure)		 nasopharynx: 9.8% various skin malignancies: 5.4% skull-base: 8.7% others: 8.7% others: 8.7% Recurrent Histological Subtype Squamous Cell Carcinoma: 56.5% adenocarcinoma: 9.8% nasopharyngeal carcinoma: 4.3% sarcoma: 5.4% adenoid cystic carcinoma: 2.2% Sinonasal undifferentiated carcinoma: 3.3% acinic cell carcinoma: 2.2% olfactory neuroblastoma: 2.2% myoepithelial carcinoma: 2.2% merkel cell carcinoma: 1.1% basal cell carcinoma: 1.1% esthesioneuroblast oma: 2.2% other: 7.6% 			 distant metastases: 16.3% (15/92) median time to locoregional failure: 7.0 (IQR, 4.2 to 13.3) mos median time to distant metastases: 8.6 (IQR, 4.6 to 12.8) mos Mortality: all-cause: 44% (40/91) treatment related toxicity: 5% (3/60) median time to death (IQR): 7.3 (4.7 to 12.9) mos 	-nausea: 23.1% (21/91) -dysgeusia: 25.3% (23/91) -esophagitis: 18.2% (12/66) -dermatitis: 41.8% (38/91) • Grade 2 -dysphagia: 24.2% (16/66) -mucositis: 17.6% (16/91) -nausea: 7.7% (7/91) -dysgeusia: 19.8% (18/91) -esophagitis: 10.6%(7/66) -dermatitis: 44% (40/91) • Grade 3 -dysphagia: 9.1% (6/66) -mucositis: 9.9% (9/91) -nausea: 0% (0/91) -dysgeusia: 0% (0/91) -esophagitis: 9.1% (6/66) -dermatitis: 3.3% (3/91) • Grade 4 -dysphagia: 0% (0/66) -mucositis: 0% (0/91) -nausea: 0% (0/91) -sophagitis: 0% (0/91) -dysgeusia: 0% (0/91) -sophagitis: 0% (0/96) -dermatitis: 0% (0/91) -trismusea: 0% (0/91) -tate toxicities, % (n/N)‡ • Grade 0 - Skin: 63.8% (44/69) - Induration/fibrosis§: 67.2% (45/67) - Xerostomia: 58.0% (40/69) - Trismus §: 69.2% (45/65) - Dysphagia**: 73.2% (41/56) - Bleeding: 97.1% (67/69) • Grade 1

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		Chemotherapy:				-Skin: 23.2% (16/69) -Induration/fibrosis: 32.8% (22/67) -Xerostomia: 37.7% (26/69) -Dysphagia: 17.9% (10/56) -Bleeding: 0% (0/69) • Grade 2 -Skin: 4.3% (3/69) -Induration/fibrosis: 0% (0/67) -Xerostomia: 4.3% (3/69) -Trismus: 6.2%(4/65) -Dysphagia: 1.8% (1/56) -Bleeding: 0% (0/69) • Grade 3 -Skin: 1.4% (1/69) -Induration/fibrosis: 0% (0/67) -Xerostomia: 0% (0/69) -Trismus: 0% (0/65) -Dysphagia: 7.1% (4/56) -Bleeding: 0% (0/69) • Grade 4 -Skin: 7.2% (5/69) -Induration/fibrosis: 0% (0/67) -Xerostomia: 0% (0/65) -Dysphagia: 0% (0/65) -Dysphagia: 0% (0/65) -Dysphagia: 0% (0/69) • Grade 5 -Skin: 0% (0/69) -Induration/fibrosis: 0% (0/67) -Xerostomia: 0% (0/65) -Dysphagia: 0% (0/56) -Bleeding: 2.9% (2/69)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Retrospective Case Series High RoB USA Funding: NR COI: None declared	Diagnosis: Head & Neck (extracranial chordomas & chondrosarc omas) Indication: Mixed • Curative Intent: 62% • Salvage: 38%	N=76 Male: 53% Median Age (range): 53 (23 to 79) years Histology: • chordoma: 72.4% • chondrosarcoma: 27.6% Tumor Location • cervical spine: 68% • thoracic spine: 22% • lumbar: 9%	Pencil Beam Scanning PBT alone Median PBT Dose (range): 73.9 (59.4 to 75.2) Gy(RBE)	Median F/U all patients (range): 65.5 (13 to 173) months	OS (95% CI) • 5-year: 75% (64% to 86%) • Median OS: 65 (62 to 79) months Local Control (95% CI) • 5-year: 61% (49% to 73%) Recurrence/Progression, % (n/N) • none: 57.9% (44/76) • overall: 42.1% (32/76) • local: 26.3% (20/76) • distant: 6.6% (5/76) • local and distant: 9.2% (7/76) Mortality, % (n/N) all-cause: 30.3% (23/76)	Harms Toxicity Grading Criteria: CTCAE version 4.03 Acute Toxicities: ≤3 months Late neurotoxicity-free survival (95% CI) • 5-year: 86% (77% to 95%) Acute Neurological Toxicities, % (n/N) • grade ≤2: 5.3% (4/76) -neuropathic pain (grade I): 1.3% (1/76) -neuropathic pain (grade II): 2.6% (2/76) -hyposensibility: (grade II) 2.6% (2/76) [occurred twice in same patient] • grade ≥3: 0% (0/76) Late Neurological Toxicities • any Grade: 15.8% (12/76) • Grade 1: -Lhermitte's Syndrome: 5.3% (4/76) -Hypersensibility: 2.6% (2/76) -Hyposensibility: 1.3% (1/76) -Changes in MRI: 1.3% (1/76) • Grade 2: -Neuropathic pain: 2.6% (2/76) -parasthesia: 2.6% (2/76) -Hypersensibility: 1.3% (1/76) -trigeminal nerve inflammation: 1.3% (1/76) • Grade 4: -myelopathy: 1.3% (1/76)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Takayama 2016 Prospective Case Series High RoB Japan Funding: NR COI: None declared.	Diagnosis: Head & Neck (Stage III-IVB tongue cancer) Indication: Curative Intent	N=33 Male: 67% Median age (range): 53 (25 to 69) years ECOG Performance Status • 1: 73% • 2: 27% Reasons for not performing surgery • refusal: 97% • inoperable: 3% T Status: • T2: 18% • T3: 30% • T4a: 52% N Status • N0: 15% • N1: 36% • N2b: 18% • N2c: 27% • N3: 3% Stage • III: 24% • IVA: 73% • IVB: 3%	Alternating chemoradiothera py followed by concurrent chemotherapy with PBT Median Total RT Dose Primary Tumor (range): 69.0 (55.8 to 73.0) Gy Median Total RT Dose to Metastatic Cervical Lymph Nodes (range) 69.0 (64.6 to 84) Gy Median Total PBT Dose 28.6–39.6 Gy(RBE)	Median F/U (range): 43 (7 to 68) mos	OS (95% CI) • 3-year: 87.0% (75.7 to 99.9%) PFS (95% CI) • 3-year: 74.1% (60.0 to 91.6%) Local Control (95%CI) • 3-year: 86.6% (75.0 to 100%) Regional Control (95%CI) • 3-year: 83.9% (71.7 to 98.0%) Treatment Response, % (n/N) • CR: 84.8% (28/33) • PR: 15.2% (5/33) Recurrence/Progression, % (n/N): • overall: 24.2% (8/33) • local: 6.1% (2/33) • cervical lymph node (regional): 9.1% (3/33) • local and regional: 3% (1/33) • local and distant: 3% (1/33) • regional and distant: 3% (1/33) • regional and distant: 3% (1/33) • Median Time to recurrence (range) 6 (5 to 31) mos	Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: timeframe NR Late Toxicities: >24 mos Acute toxicities, % (n/N) ■ Grade 1 —Mucositis: 0% (0/33) —Dermatitis: 0% (0/33) —Neutropenia: 3% (1/33) —Anemia: 36.4% (12/33) —Thrombocytopenia: 15.2% (5/33) —Nausea: 45.5% (15/33) —Dry mouth: 36.4% (12/33) —Weight loss: 63.6% (21/33) —Hepatobiliary disorders: 3% (1/33) —Fever: 9.1% (3/33) —Depression: 3% (1/33) —Catheter-related infection: NR —Grade I Edema (face, neck): 72.7% (24/33) ■ Grade 2 —Edema (face, neck): 0% (0/33) —Nucositis: 21.2% (7/33) —Dermatitis: 66.6% (22/33) —Neutropenia: 36.4% (12/33) —Anemia: 39.4% (13/33) —Thrombocytopenia: 9.1% (3/33) —Thrombocytopenia: 9.1% (3/33) —Thrombocytopenia: 9.1% (3/33) —Dry mouth: 54.5% (18/33) —Nausea: 30.3% (10/33) —Grade I Hiccups: 12.1% (4/33) —Depression: 6.1% (2/33) —Catheter-related infection: 0% (0/33) —Hepatobiliary disorders: 0% (0/33) —Fever: 12.1% (4/33) —Fever: 12.1% (4/33)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
					Mortality, % (n/N) • all-cause: NR • due to disease progression: 9.1% (3/33) • due to secondary cancers (not reported whether RT-related): 3% (1/33) • due to treatment-related toxicity: 0% (0/33)	-Weight loss: 30.3% (10/33) Grade 3 -Mucositis: 78.8% (26/33) -Dermatitis: 33.3 (11/33) -Neutropenia: 48.4% (16/33) -Anemia: 0% (0/33) -Thrombocytopenia: 0% (0/33) -Nausea: 18.2% (6/33) -Dry mouth: 9.1% (3/33) -Weight loss: 6.1% (2/33) -Hiccups: 3% (1/33) -Hepatobiliary disorders: 0% (0/33) -Fever: 0% (0/33) -Depression: 0% (0/33) -Catheter-related infection: 12.1% (4/33) -Edema (face, neck): 0% (0/33) Grade 4 -Mucositis: 0% (0/33) -Dermatitis: 0% (0/33) -Neutropenia: 3% (1/33) -Anemia: 0% (0/33) -Thrombocytopenia: 0% (0/33) -Nausea: NR -Dry mouth: NR -Weight loss: NR -Hiccups: 0% (0/33) -Fever: 0% (0/33) -Fever: 0% (0/33) -Catheter-related infection: NR Late toxicities, % (n/N) Grade 1 - Osteonecrosis of jaw: 0% (0/30)
						- Dysgeusia: 36.7% (11/30)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Toyomasu 2018 Retrospective Case Series	Diagnosis: Head & Neck (Sinonasal Squamous Cell	N=38 Male: 71% Median Age (range): 60 (35 to 89) years	PBT PBT Dose Protocols received by	Median F/U (range): 30 months (8 to 127)	OS (95% CI), (n=59) • 3-year: 56.2% (NR) • 5-year: 41.6% (NR) PFS (95% CI), (n=59)	- Xerostomia: 56.7% (17/30) - Dental caries: 0% (0/30) • Grade 2 - Osteonecrosis of jaw: 3.3% (1/30) - Dysgeusia: 16.7% (5/30) - Xerostomia: 3.3% (1/30) - Dental caries: 33.3% (10/30) • Grade 3 - Osteonecrosis of jaw: 0% (0/30) - Dysgeusia: NR - Xerostomia: 0% (0/30) - Dental caries: 13.3% (4/30) • Grade 4 - Osteonecrosis of jaw: 0% (0/30) - Dysgeusia: NR - Xerostomia: NR -
High RoB Japan	Carcinoma) Indication: Curative	Performance Status • 0: 16% • 1: 76% • 2: 8%	patients -65 Gy (RBE): 44% -70.2 Gy (RBE): 44%	mos Median Survivor	 3-year: 42.9% (NR) 5-year: 34.7% (NR) Local Control (95% CI), (n=59)	Acute toxicities, % (n/N) • Grade 3: 10.5% (4/38) -dermatitis: 10.5% (4/38)
Funding: NR COI: None declared An additional group (n=21) of patients received carbon ion instead of	Intent	Tumor Location • Maxillary sinus: 58% • Ethmoid sinus: 29% • Nasal cavity: 5% • Frontal sinus: 5% • Sphenoid sinus: 3%	-70 Gy (RBE): 12%	F/U (range): 65 (9 to 127) mos	 3-year: 54% (NR) 5-year: 50.4% (NR) Mortality Mortality, % (n/N) due to treatment-related toxicity (grade 5): 2.6% (1/38) 	Late toxicities, % (n/N) • Grade ≥3: 18.4% (7/38) • Grade 3: -Oral cavity fistula: 2.6% (1/38) -Oral hemorrhage: 2.6% (1/38) -Sinus pain: 2.6% (1/38) - Glaucoma: 2.6% (1/38) - Olfactory nerve disorder: 2.6% (1/38)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
PBT; OS, PFS and Local Control are reported only for overall cohort.		Stage • I: 3% • II: 3% • III: 13% • IVA: 47% • IVB: 26% • unclassified: 8%				• Grade 4: -Sinus disorder: 2.6% (1/38) -skin ulceration: 2.6% (1/38) -Retinopathy: 2.6% (1/38) -Glaucoma: 5.3% (2/38) -Optic nerve disorder: 5.3% (2/38) -Brain necrosis: 5.3% (2/38) -Cerebrospinal fluid leakage: 2.6% (1/38) • Grade 5: -Brain necrosis: 2.6% (1/38)
Vogin 2015 Retrospective Case Series High RoB France Funding: NR COI: NR	Diagnosis: Head & Neck (ectopic reccurence of skull-base and cervical chordomas) Indication: Salvage	N=13 Male: 46% Median Age (range): 49 (12 to 67) years	Surgery and postop Proton-Photon RT Median cumulative RT Dose (range): 70.2 (67 to 74) Gy(isoE)	Median F/U (range): 83 (26 to 176) mos	Recurrence/Progression, % (n/N): • single-site relapse along surgical or biopsy pathway: 38.4% (5/13) • remote prevertebral relapse: 46% (6/13) • subcutaneous distant metastasis: 23.1% (3/13) • lung distant metastasis: 15.4% (2/13) • regional nodal: 15.4% (2/13) • Median time to relapse: 19.5 (14 to 27) mos Mortality, % (n/N) • all-cause: 46% (6/13)	NR
Weber 2018 Retrospective Case Series	Diagnosis: Head & Neck (skull-base	N=251 Male: 43.4%	PBT with (n=135) or without photons (n=116)	Median F/U (range): 87.3 mos	OS (95% CI) • 7-year: 93.6% (89.6 to 96.7) Failure Free Survival (95% CI)	Harms Toxicity Grading Criteria: CTCAE (version NR) Toxicity-Free Survival (95% CI)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
High RoB	chondrosarc omas)	Received Pre-RT Surgery: 100%	Mean administered		• 7-year:93.1% (89.6 to 96.7)	• 7-year: 84.2% (79.3 to 89.5)
Switzerland Funding: NR COI: None declared	Indication: Curative Intent	Brainstem compression prior to RT: 53.4% Optic Apparatus compression prior to RT: 45.8%	dose ±SD: -institution 1: 69.67 ± 1.49 -institution 2: 69.86 ± 1.63	Median Survivor F/U (range): 88 mos	Progression/Recurrence, % (n/N): • overall: 6% (15/251) • local: 4.4% (11/251) • distant: 1.2% (3/251) • local and distant: <1% (1/251)	Acute Toxicities, % (n/N): • Grade ≥2: 0% (0/251) Late Toxicities, % (n/N): • Grade ≥3: 15.1% (38/251) • Grade 5: <1% (1/251) -brain necrosis: <1% (1/251)
					Mortality, % (n/N):	
					 all-cause: 10% (25/251) tumor progression: 4% (10/251) other tumors: 2% (5/251) secondary radiation induced cancers (probably): >1% (2/251) other (not specified): 4% (10/251) 	
Weber 2016	Diagnosis:	N=222	Pencil Beam PBT	Median	OS (95% CI)	Harms
Datusanastiva	Head & Neck	Male: 52.7%	Mean PBT	F/U	• 5-year: 86.4% (81.0% to	Toxicity Grading Criteria: CTCAE ver. 4.0 Late Toxicities: >3 mos
Retrospective Case Series	(low grade skull-base	Mean Age ± SD: 40.8 ± 18.4 years	Dose(SD):	(range): 50 (4 to	92.2%) • 7-year: 80.0% (72.4% to	Late Toxicities: >3 mos
	chondrosarc		72.5(2.2) Gy(RBE)	176) mos	88.4%)	Toxicity Free Survival, Grade ≥3 (95% CI)
High RoB	oma and	Histology			,	• 5-year: 87.2 (82.4 to 92.3)
	chordoma)	• chordoma: 68%				• 7-year: 87.2 (82.4 to 92.3)
Switzerland	la disation.	• chondrosarcoma:			Local Control (95% CI)	
Funding: NR	Indication: Curative	32%			• 5-year: 81.4% (75.5% to 87.7%)	Late Toxicities, % (n/N): • Grade ≥3: 8.1% (18/222)
COI: None	Intent	Indication			• 7-year: 78.3% (71.4% to	-grade 3 unilateral optic neuropathy: 2.3%
declared	• Curative				85.9%)	(5/222)
	intent:	Surgery			/-/	-grade 3temporal lobe necrosis: 5.9%
	77%	• Subtotal Resection: 96.8%				(13/222)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
	• recurrent: 23%	• Gross Total Resection: 3.2% Brainstem Compression: • yes: 11.3% • abutment: 20.7% Optic Apparatus Compression • yes: 10.8% • abutment: 19.8% Postoperative Complications: 30.6%			Distant Metastasis-Free Survival (95% CI) 5-year: 91.6% (91.6% to 98.6%) 7-year: 91.6% (91.6% to 98.6%) Progression/Recurrence, % (n/N): local: 15.8% (35/222) distant: 3.6% (8/222) Mortality, % (n/N): All-cause: 13.1% (29/222) local progression: 9% (20/222)	-grade 3cerebellum brain parenchymal necrosis: <1% (1/222) -grade 4 bilateral optic neuropathy: <1% (2/222)
					• other (not specified): 4% (9/222)	
Zenda 2015	Diagnosis: Head & Neck	N=112 eligible, 112 analyzed	PBT alone (n=43) or with prior	Median F/U	OS (95% CI), (n=112) • 5-year:64.2%	Harms (n=90) Toxicity Grading Criteria: CTCAE ver. 4.0
Retrospective Case Series	(malignancie s of the	(survival/mortality), 90 analyzed (safety)	surgery (n=16), or with prior	(range): 57.5 (12.4	PFS (95% CI), (n=112)	Acute Toxicities: timeframe NR Late Toxicities: timeframe NR
High RoB	nasal cavity, para-nasal sinuses, or	Male: 57.8% Median Age: 57 (17	chemotherapy (n=20) or concurrent	to 162.7) mos	• 5-year: 44.5%	Late toxicities, % (n/N) Median Time to onset of grade ≥2 late toxicity
Japan	skull base)	to 84) years	chemotherapy (n=11)		Recurrence/Progression, % (n/N):	(excluding cataract): 39.2 (2.7 to 99.8) mos
Funding: NR	Indication:	Tumor Location			• Overall: 49.1% (55/11)	
COI: None	Curative	• maxillary sinus:	Median Total PBT		• local: 23.2% (26/112)	• <u>Grade 1:</u>
declared	Intent	13.3% • ethmoid sinus: 8.9%	Dose: 65 GyE, or 60 GyE (mucosal		regional: 112.5% (14/112)distant: 13.4% (15/112)	- Hearing Loss: 1.1% (1/90) - Nerve Disorder: 0% (0/90)
		sphenoid sinus:5.6%nasal cavity: 68.9%	melanoma patients only)		Mortality, % (n/N): • All-cause: 10.7% (12/112)	- Encephalomyelitis Infection: 0% (0/90) - Cataract: 1.1% (1/90)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		• other: 3.3%				- Optic Nerve Disorder: 0% (0/90)
						- Brain Necrosis: 5.5% (5/90)
		Tumor Type ◆ Squamous Cell				- Soft Tissue Necrosis: 0% (0/90)
		Carcinoma: 24.4%				- Bone Necrosis: 0% (0/90)
		adenoid cystic				• <u>Grade 2:</u>
		carcinoma: 16.6% • olfactory				- Hearing Loss: 1.1% (1/90)
		neuroblastoma:				- Nerve Disorder: 1.1% (1/90)
		30%				- Encephalomyelitis Infection: 0% (0/90)
		• melanoma: 15.6%				- Cataract: 1.1% (1/90)
		• others: 13.3%				- Optic Nerve Disorder: 4.4% (4/90)
		T Status				- Brain Necrosis: 1.1% (1/90)
		• T1: 4.4%				- Soft Tissue Necrosis: 0% (0/90)
		• T2: 17.8%				- Bone Necrosis: 4.4% (4/90)
		• T3: 10% • T4: 60%				• <u>Grade 3: 1</u> 8.9% (17/90)
		• Tx: 7.8%				- Hearing Loss: 2.2% (2/90)
						- Nerve Disorder: 1% (1/90)
		N Status				- Encephalomyelitis Infection: 0% (0/90)
		• N0: 96.7% N1a: 3.3%				- Cataract: 5.6% (5/90)
		• N2: 0%				- Optic Nerve Disorder: 1.1% (1/90)
						- Brain Necrosis: 1.1% (1/90)
						- Soft Tissue Necrosis: 1.1% (1/90)
						- Bone Necrosis: 2.2% (2/90)
						• <u>Grade 4:</u> 6.7% (6/90) - Hearing Loss 0% (0/90)
						- Nerve Disorder: 0% (0/90)
						- Encephalomyelitis Infection:2.2% (2/90)
						- Cataract: 0% (0/90)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Prospective Case Series High RoB Japan Funding: supported by a	Diagnosis: Head & Neck (mucosal melanoma of nasal cavity and para-nasal sinuses) Indication: Curative Intent	N=32 Male: 37.5% Median Age (range): 73 (36 to 89) years Tumor Site • nasal cavity: 87.5% • paranasal sinus: 12.5% Performance Status • 0 to 1: 100% T, N, M status • T3N0M0: 34.4% • T4N0M0: 65.6%	PBT Median Total PBT Dose: 60 GyE	Median F/U (range): 36.4 mos	OS (95% CI), • 2-year: 55.9% • 3-year: 46.1% PFS (95% CI), • 3-year: 36.4% Local Control (95% CI) • 1-year: 75.8% (63.8% to 92.4%) Recurrence/Progression, % (n/N): • Overall: 68.8% (22/32) • local: 12.5% (4/32) • local and distant: 6.3% (2/32) • regional: 12.5% (4/32) • regional: 12.5% (4/32) • regional and distant: 12.5% (4/32) • distant: 28.1% (9/32) Mortality • due to distant metastases: 93.3% (n=NR)	- Optic Nerve Disorder: 4.4% (4/90) - Brain Necrosis: 0% (0/90) - Soft Tissue Necrosis: 0% (0/90) -: Bone Necrosis 0% (0/90) Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: timeframe NR Late Toxicities: timeframe NR Acute Toxicities, % (n/N) • Grade 1 - Neutropenia: 0% (0/32) - Anemia: 3.1% (1/32) - Thrombocytopenia: 0% (0/32) - Nausea/Headache: 0% (0/32) - Mucositis: 15.6 % (5/32) - Dermatitis: 28.1 % (9/32) • Grade 2 - Neutropenia: 0% (0/32) - Anemia: 0% (0/32) - Thrombocytopenia: 0% (0/32) - Anemia: 0% (0/32) - Onjuctivitis: 12.5% (4/32) - Mucositis: 28.1% (9/32) - Dermatitis: 59.3% (19/32) • Grade 3 - Neutropenia: 0% (0/32) - Anemia: 0% (0/32) - Anemia: 59.3% (19/32)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						- Thrombocytopenia: 0% (0/32)
						- Nausea/Headache: 0% (0/32)
						- Conjuctivitis: 0% (0/32)
						- Mucositis: 3.1% (1/32)
						- Dermatitis: 12.5% (4/32)
						• <u>Grade 4</u> - Neutropenia: 0% (0/32)
						- Anemia: 0% (0/32)
						- Thrombocytopenia: 0% (0/32)
						- Nausea/Headache: 0% (0/32)
						- Conjuctivitis: 0% (0/32)
						- Mucositis: 0% (0/32)
						- Dermatitis: 0% (0/32)

CGE = Cobalt Gray Equivalent; CI = confidence interval; cm = centimeter; CNS = central nervous system; COI = conflict of interest; CR = complete response; CTCAE = Common Terminology Criteria for Adverse Events; EBRT = external beam radiation therapy; ECOG = Eastern Cooperative Oncology Group; F/U = follow-up; Gy = Gray (unit); GyE = Gray Equivalent; Gy(RBE) = Gray (Relative Biological Equivalent); IMPT = Intensity Modulated Proton Therapy; IQR = Interquartile Range; mos = months; NR = not reported; OS = overall survival; PBT = proton beam therapy; PFS = progression free survival; PR = partial response; RoB = risk of bias; RT = radiation therapy; RTOG = Radiation Therapy Oncology Group; SD = standard deviation; WHO = World Health Organization;

* In McDonald 2016 n=53 patients were reported to have survived past 3 months post-reirradiation; however some of the treatment related deaths were said to occur after this period. No clear total of end-of-study mortality was reported.

†In Phan 2016, 8 sites of distant metastasis were reported as "most common sites"; whether or not there were more patients with distant recurrence not clearly described.

Appendix Table G2. Study characteristics and patient demographics: <u>nonrandomized comparative studies</u> of proton beam therapy in <u>head & neck (including</u> skull-base) cancers

[‡] Romesser 2016: Late AEs limited to patients (n=69) with follow-up >90 days unless otherwise noted.

[§] Romesser 2016: Trismus data limited to patients without symptoms prior to treatment

^{**} Romesser 2016: Dysgeusia limited to patients without G-tube (feeding tube) in place

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Cohort studies							
Blanchard 2016 [Crossover with Gunn 2016 (case series)] Retrospective Matched-Pair Cohort Moderately High USA	512 and 50 eligible IMRT and PBT patients, 150 propensity matched	Intensity modulated PBT (n = 50): IMPT Gross Tumor plus margins: 66 Gy (small volume disease), 70 Gy (advanced disease), 54 to 63 (elective regions) Intensity modulated photon RT (n = 100): IMRT Gross Tumor plus margins: 66 Gy (small volume disease), 70 Gy (advanced disease), 70 Gy (advanced disease), 54 to 63 (elective regions) • Patients matched on unilateral/bilater al treatment, disease site, human papillomavirus status, T and N	Inclusion: Adults with oropharynx cancer Exclusion: NR	PBT vs. Photons Median Age (range): 61 years (37 to 84) vs. 55.5 years (34 to 78) • ≤60: 46% vs. 67%, p<0.01 • >60: 54% vs. 33% Male %: 54% vs. 33% Stage • -I: 2% • -II: 0% • -III: 18% • -IVA: 74% • -IVB: 6% Smoking History: • 0 pack years: 50% vs. 45% • 0 to 10 pack years: 8% vs. 17% • >10 pack years: 42% vs. 38% T Status • T1 to T2: 80% vs. 80% • T3 to T4: 20% vs. 20% N-Status • N0 to N1: 20% vs. 20% • N2 to N3: 80% vs. 80% Tumor Location • Tonsil: 54% vs. 54% • Base of tongue: 46% vs. 46% Induction Chemotherapy (yes): 40% vs. 44%	Median F/U (range): 29 (8 to 49) months vs. 33 (2 to 55) months % F/U: 26.6% (150/562)	Survival Disease Control Disease Failure Mortality Harms	Funding: Supported in part by the National Institutes of Health (NIH)/ National Cancer Institute (NCI) Cancer Center Support (Core) Grant CA016672 and U19 CA021239 to The University of Texas MD Anderson Cancer Center. Dr. Blanchard received funding from The Foundation Nuovo Soldati for Medical Research, the Philippe Foundation and the FRM grant SPE2015033182 2 COI: None declared

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		status, smoking, and for receiving concomitant chemotherapy Indication: Curative Intent		Concurrent Chemotherapy (yes): 64% vs. 64% Neck Dissection: • pre-RT: 6% vs. 11% • post-RT: 12% vs. 15%			Notes:
Romesser 2016 Retrospective Comparative Cohort Moderately High USA	41	PBT (n=18) Uniform scanning beams Median PBT dose to primary site (IQR): 66.0 (IQR 61.2 to 66.0) Gy(RBE) Intensity modulated RT (n=23) 4-6 static IMRT beams (ipsilateral preferred) Median RT dose to primary site (IQR): 66.0 (IQR 66.0 to 66.0) Gy • Patients with resectable disease underwent surgical resection prior to	Inclusion: Unilateral head and neck irradiation for major salivary gland cancer or cutaneous squamous cell carcinoma metastasis to major salivary gland Exclusion: NR	PBT vs. IMRT Median age: 60.4 vs. 60.9 years Male %: NR Median tumor size: 2.2 vs. 2.7 cc Tumor location • parotid gland: 78% vs. 91% • submandibular gland: 22% vs. 10% Unresectable disease (yes): 11% vs. 9% Perineural Involvement (yes) (surgery patients only): 44% vs. 57% Lymphovascular Invasion (yes) (surgery patients only): 6% vs. 29% Neck Nodal Irradiation (yes): 50% vs. 26% Concurrent chemotherapy: 22% vs. 30%	Median F/U (range): 16.1 (IQR, 8.7 to 24.4) vs. 4.7 (1.6 to 7.9) months, p < 0.001 % F/U: 100%	Overall Survival Disease Status Toxicities	Funding: NR COI: One author has a minority investment in ProCure (Proton Therapy center) Notes:

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Sio 2016 Retrospective Comparative Cohort Moderately High	86	irradiation (90%; 37/41); those with unresectable (7%; 3/41) or medically inoperable (2%; 1/41) disease were treated with definitive RT with or without concurrent chemotherapy Intensity modulated PBT (n=35) Mean PBT dose (SD): 67.0 (4.1) Median PBT dose (range): 70.0 (59.0 to 70.0) Intensity modulated photon RT (n=46) Mean RT dose (SD): 69.3 (2.4) Median RT dose (range): 70.00 (58.0 to 70.0)	Inclusion: Age >18 years; tissue diagnosis of squamous cell carcinoma originating in the oropharynx (base of tongue, tonsil, or other subsites); concurrent chemotherapy as part of definitive therapy (i.e., no surgical resection of either primary tumors or nodal stations at initial management; induction chemotherapy was allowed); no prior radiotherapy; no evidence of distant	IMPT vs. IMRT Mean Age (SD): 59.1 (10.2) vs. 58.2 (9.9) Male %: 86% vs. 91% Primary tumor location • Base of tongue: 57% vs. 50% • Tonsil: 31% vs. 50% • Other: 11% vs. 0% T Status • T1 to T2: 89% vs. 61% • T3 to T4: 11% vs. 37% N Status: • N0 to N2a: 43% vs. 26% • N2b to N3: 57% vs. 74% TNM Stage • I: 3% vs. 2% • II: 3% vs. 4%	IMPT vs. IMRT Median F/U (IQR): 7.7 (3.97 to 22.77) months vs. 2.7 (0.3 to 10.27) months % F/U: 51% (18/35) vs 61% (28/46)	MDASI-HN	Funding: Funded in part by NCI R21 CA132109 to Xin Shelley Wang; NCI R01 CA026582 to Charles S. Cleeland; and Cancer Center Support (Core) Grant CA016672 to The University of Texas MD Anderson Cancer Center from the US National Cancer Institute, National Institutes of Health. The

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
			metastases; scanning-beam IMPT or photon-based IMRT treatment at a single institution; and completed the MDASI once before beginning radiotherapy (baseline) and at least 3 of the 6 weekly MDASI surveys scheduled during RT (acute phase) or 1 survey within the first 3 months after radiotherapy (subacute phase); chronic phase data (i.e., surveys collected more than 3 months after radiotherapy) were optional. Exclusion: surgical resection of either primary tumors or nodal stations at initial management; prior radiotherapy; evidence of distant metastases	 III: 26% vs. 15% IVA-B: 69% vs.78% Induction Chemotherapy (yes): 74.3% vs. 23.9% HPV_P16 status Negative: 6% vs. 4% Positive: 74% vs. 13% Unknown: 20% vs. 83% P<0.0001 			project described was also supported in part by Award Number U19 CA021239 from the National Cancer Institute. COI: The survey instrument used in the study is patented and licensed to the sponsoring research center and one of the authors.
Zhang 2017 Retrospective	584 eligble and analyzed	IMPT (n=50) Mean Mandibular	Inclusion: Patients w/ oropharyngeal cancer	IMPT vs. IMRT	IMPT vs. IMRT Median F/U	Harms	Funding: Various funds received from
Comparative Cohort	anaryzeu	Dose:	Exclusion: NR	- ≤60: 56.4% vs. 44% - >60: 43.6% vs. 56%	(IQR):		NIH/NIDCR, NIH National Cancer

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Moderately High		25.6, p<0.001 vs. IMRT IMRT (n=534) Mean Mandibular Dose: 41.2 Gy		Tumor Location - base of tongue: 48.7% vs. 42% - tonsil/other: 51.3% vs. 58% T-Status: -T1 to T2: 80% vs. 65% -T3 to T4: 20% vs. 35% N-Status: -N0 to N1: 20% vs. 17.2% -N2 to N3: 80% vs. 82.8% Tumor Side: -left: 44.6% vs. 52% -right: 53.9% vs. 44% -midline: 0.4% vs. 2% -bilateral: 1.1% vs. 2% Induction Chemotherapy -yes: 40.6% vs. 40% Concurrent Chemotherapy -yes: 67.4% vs. 64%	34.6 vs. 33.8 months, p=0.854 % F/U: 100% vs 100%		Institute Head and Neck Specialized Programs of Research Excellence Developmental Research Program and others COI: None declared. Notes:
Simon 2018 Retrospective Comparative Cohort	47	Surgery + PBT (n=23) 1.8 Gy daily, five days a week for eight weeks, to	Inclusion: Skull base Chondrosarcoma, surgical resection in our department and immunohistochemical	Surgery + PBT vs. PBT alone Male: 57% vs. 41% Mean age (range): 42 (12 to 69) vs. 52 (10 to 85)	Median F/U (range): 91 months (7 to 182)	Disease specific survival Disease progression	Funding: None COI: None
Moderately High		deliver a total dose of 70 Gy	confirmation of the diagnosis. Markers used were anti-	Tumor Grade	% F/U: 95.7% (45/47)	Progression free survival	

Study Design RoB Country	Interventions N Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U,%	Outcomes	Funding Notes
France	[n=4 received combined photon/proton treatment] Surgery alone (n=24)	brachyurea, anti-D240 and anti-PS100 antibodies (if not initially available, frozen samples were retrieved for immunohistology). Grade I and II CSA were included, as the treatment and prognosis are identical. All patients were operated on by a team of ENT, neurosurgeons or both, trained in skull base surgery, either by endoscopic surgery or open surgery. Excludsion: NR	Grade II: 97.9% (46/47) [all patients] Tumor Location - Anterior skull-base: 4% vs. 50% - Petroclival: 96% vs. 50% p=0.02 Mean Tumor Size (range): 33 (16 to 67) vs. 39 (15 to 70) Symptom presentation - Diplopia: 57% vs. 29% - Headache: 35% vs. 17% - Nasal Obstruction: 4% vs. 29% Surgical approach - Pterional: 22% vs. 21% - Transcochlear: 0% vs. 8% - Infratemporal fossa: 13% vs. 0% - Retrosigmoid: 4% vs. 21% - Lateral rhinotomy: 4% vs. 25%, p=0.05 - Endonasal: 52% vs. 50% Extent of resection - Gross total resection: 13% vs. 54% - Partial resection: 87% vs. 46% p=0.003		Mortality Harms	

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
McDonald 2016 Retrospective Comparative Cohort Moderately High USA	40	3D conformal PBT (n=14) Median Primary Tumor dose (range): 71.4 (63 to 75.6) Gy(RBE) Median Neck Dose node negative (range): 50.2 (45.0 to 58.0) Gy(RBE) Median Neck Dose node positive (range): 72.9 (70.0 to 75.6) Gy (RBE) IMRT (n=26) With (n=14) or without (n=12) concurrent PBT Median Primary Tumor dose (range): 71.8 (66 to 76.4) Gy(RBE) Median Neck Dose node negative (range): 52.3 (40.0 to 59.4) Gy(RBE)	Inclusion: Patients w/ nasopharynx, nasal cavity or paranasal sinus cancers; any T stage, NO- 2 receiving radiation either definitively or following surgery; given with or without chemotherapy, who received radiation to the primary tumor site and bilateral cervical lymph node regions. Exclusion: Patients with a prior history of head and neck radiation or with a second concomitant active malignancy were excluded.	PBT vs. IMRT Median Age (range): 46.7 (16 to 71) vs. 54.1 (22 to 77) Male, %: 78.6% vs. 53.8% Tumor Location -Nasopharynx: 14.3% vs. 57.7%, p=0.02 -nasal/paranasal: 85.7% vs. 42.3% Histology -squamous cell carcinoma: 21.4 % vs. 50.0 % -Poorly differentiated carcinoma: 0% vs. 19.2% -Sinonasal undifferentiated: 35.7 % vs. 15.4 % -Esthesioneuroblastoma: 35.7% vs. 3.8% -Neuroendocrine carcinoma: 0% vs. 3.8% -Lymphoepithelioma: 7.1 % vs. 3.8% -High grade mucoepidermoid carcinoma: 0% vs. 3.8% Neck Dissection -upfront: 7.1% vs. 0% -none: 85.7% vs. 96.2% -adjuvant/salvage: 7.1% vs. 3.8%		Harms	Funding: supported in part by the biostatistics and bioinformatics of Winship Cancer Institute of Emory University and NIH/NCI under award number P30CA138292. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. COI: None declared

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Median Neck Dose node positive (range): 68.3 (59.4 to 70.29) Gy (RBE)		Chemotherapy -none: 14.3% vs. 11.5% -induction: 21.4% vs. 0% -concurrent: 50% vs. 88.5% -concurrent and adjuvant: 14.2% vs. 0% Gastrostomy tube placement:			
				14.3 % vs. 84.6%			
Holliday 2015	30	IMPT (n=10) 70 Gy to be given	Inclusion: NR	IMPT vs. IMRT	IMPT vs. IMRT	Disease Progression	Funding: NR
Retrospective Matched Paris Comparative Cohort Moderately High		in 33 to 35 fractions of 2 to 2.12 Gy per fraction IMRT (n=20)	Exclusion: NR	Diagnosis: nasopharyngeal cancer Median Age (IQR): 45 (18 to 55) vs. 51 (39 to 59) Male: 70% vs. 70% WHO grade	Median follow- up (IQR): 21.6 (13.6 to 28.6) months) vs. 25.8 (17.2 to 36.7) months	Mortality Harms	COI: None
USA		70 Gy to be given in 33 to 35 fractions of 2 to 2.12 Gy per fraction		I: 0% vs. 10% II/III: 90% vs. 75% Unknown: 10% vs. 15% Chemotherapy Induction: 80% vs. 75%	% F/U: NR		
				Concurrent: 100% vs. 90% Adjuvant: 10% vs. 0%			
Sharma 2018	64	PBT PBS (n=31) Median Dose: 61.7	Inclusion: Patients with Oropharyngeal	PBT vs. IMRT	PBT vs. IMRT	EORTC QOL Scores	Funding: NR
Prospective Comparative		Gy IMRT via	squamous cell carcinoma, treated at	Male: 87% vs. 82% Mean Age: 60 vs. 58 years	Median F/U: NR % F/U: NR		COI: None
Cohort Moderately		volumetric modulated arc	the University of Pennsylvania between 2013 and 2015 initially	Primary site Tonsil: 65% vs. 61%	% F/U: NK		
High		therapy (n=33)	with transoral robotic				

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
USA		Median Dose: 62.6 Gy	surgery and selective neck dissection, followed by adjuvant radiation, with or without chemotherapy (according to standard indications) Exclusion: NR	Base of tongue: 35% vs. 39% Stage I-III: 13% vs. 15% IVA: 87% vs. 85% Nodal Status N0: 6% vs.3% N1-N2b: 94% vs.88% N2c-N3: 0% vs. 9% T Stage Tis, T1, T2: 90% vs. 97% T3: 10% vs. 3%			
				Chemotherapy: 59% vs. 62%		0 (1) (1)	

IMPT = Intensity modulated proton therapy; PBT = Proton Beam Therapy; Gy = Gray; RoB = Risk of Bias; NR = Not reported; F/U = Follow-up; COI = Conflict of interest; IMRT = Intensity Modulated Radiation Therapy; RT = Radiation therapy; IQR = Interquartile range; RBE = Relative Biological Effectiveness; HPV = Human papilloma virus; OS = Overall Survival; MDASI-HN = MD Anderson Symptom Index – Head and Neck

Appendix Table G3. Detailed data abstraction: nonrandomized comparative studies of proton beam therapy in head & neck (including skull-base) cancers

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Cohort studies			
Blanchard 2016	PBT vs. Photon	NR	PBT vs. Photon
[Crossover with Gunn 2016 (case series)] IMPT (n=50) vs. IMRT (n=100) Retrospective Matched-Pair Cohort Moderately High USA	3 year-OS 94.3% vs. 89.3% HR 0.42 (95% CI 0.09 to 1.91), p=0.26 adj. HR (multivariate analysis) 0.55 (95% CI 0.12 to 2.5), p=0.44 Mortality 4% (2/50) vs. 10% (10/100) 3 year-PFS 86.4% vs. 85.8% (total of 22 events, 7 PBT and 15 photon) HR 1.02 (95% CI 0.41 to 2.54), p=0.96 adj. HR 1.00 (95% CI 0.39 to 2.6), p=0.99 3 year-Locoregional Control rates 91.0% vs. 89.7% HR 1.03 (95% CI 0.35 to 3.02), p=0.96 Locoregional relapse (disease failure): 10% (5/50) vs. 10% (10/100) 3 year-Distant Control rates 97.8% vs. 93.5% HR 0.33 (95% CI 0.04 to 2.74), p=0.30		Harms [adjusted for age; dichotomized at 60 years] Acute grade ≥3 dermatitis: p=0.15 between groups Toxicities During RT G-tube presence: 24% (12/50) vs. 38% (38/100); adj. OR 0.53 (95% CI 0.24 to 1.15), p=0.110 Patient rated fatigue grade 2 or 3: 78% (39/50) vs. 86.6% (84/NR); adj. OR 0.49 (95% CI 0.20 to 1.23), p=0.130 ER visit: 32% (16/50) vs. 32% (32/100); adj. OR 0.95 (95% CI 0.45 to 2.0), p=0.890 Unscheduled hospitalization: 20% (10/50) vs. 21% (21/100); adj. OR 0.92 (95% CI 0.39 to 2.2); p=0.840 Toxicities Post RT (3 months) G-tube presence: 12% (6/50) vs. 23% (23/100); adj. OR 0.43 (95%CI 0.16 to 1.17), p=0.100 Weight Loss >20% (grade 3) compared to baseline: 8.3% (4/NR) vs. 13.5% (13/NR); adj. OR 0.64 (95%CI 0.19 to 2.11), p=0.460

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	Distant relapse (disease failure): 2% (1/50) vs. 7% (7/100)		 G-tube OR weight loss >20% (grade 3): 18% (9/50) vs. 34% (34/100); adj. OR 0.44 (95%CI 0.19 to 1.0), p=0.050 Patient rated xerostomia grade 2 or 3: 42% (21/50) vs. 61.2% (60/NR); adj. OR 0.38 (95%CI 0.18 to 0.79), p=0.009 Patient rated fatigue grade 2 or 3: 40.8% (20/NR) vs. 36.2% (34/NR); adj. OR 1.1 (95%CI 0.53 to 2.27), p=0.800 Toxicities Post-RT (12 months) G-tube presence: 2% (1/50) vs. 7.8% (7/NR) adj. OR 0.16 (95%CI 0.02 to 1.37); p=0.09 Weight Loss >20% (grade 3) compared to baseline: 6.7% (3/NR) vs. 19.3% (7/NR); adj. OR 0.28 (95%CI 0.08 to 1.05), p=0.06 G-tube OR weight loss >20% (grade 3): 8% (4/50) vs. 24.7% (22/NR); adj. OR 0.23 (95%CI 0.07 to 0.73), p=0.01 Patient rated xerostomia grade 2 or 3: 42% (21/50) vs. 47.2% (42/NR); adj. OR 0.63 (95%CI 0.30 to 1.33), p=0.23 Patient rated fatigue grade 2 or 3: 14.6% (7/NR) vs. 22.1% (17/NR); adj. OR 0.5 (95%CI 0.18 to 1.36), p= 0.17

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Romesser 2016	PBT vs. IMRT	NR	PBT vs. IMRT
PBT (n=18) vs. IMRT (n=23) Retrospective Comparative Cohort Moderately High USA	1 year-OS 83.3% vs. 93.3%, p=0.08 1 year-locoregional control 80% vs. 95.5%, p=0.47 1 year-freedom from distant metastases (n=38; excludes 1 and 2 patients, respectively, who had distant metastases prior to RT): 83.3% vs. 93.3%; p=0.66 Progression/Recurrence • local: 5.6% (1/18) vs. 8.7% (2/23) • distant: 5.9% (1/17) vs. 19% (4/21) (excludes 1 and 2 patients, respectively, who had distant metastases prior to RT)		Acute Dermatitis, % (n/N): Acute dermatitis grade ≥2: 100.0% (18/18) vs. 73.9% (17/23), p=0.019 • Grade 0: 0.0% (0/18) vs. 0.0% (0/23) • Grade 1: 0.0% (0/18) vs. 26.1% (6/23) • Grade 2: 72.2% (13/18) vs. 39.1% (9/23) • Grade 3: 27.8% (5/18) vs. 34.8% (8/23) • Grade 4: 0.0% (0/18) vs. 0.0% (0/23) Acute Mucositis, % (n/N): Acute mucositis grade ≥2: 16.7% (3/18) vs. 52.2% (12/23), p=0.02 • Grade 0: 66.7% (12/18) vs. 13.0% (3/23) • Grade 1: 16.7% (3/18) vs. 34.8% (8/23) • Grade 2: 16.7% (3/18) vs. 34.8% (8/23) • Grade 3: 0.0% (0/18) vs. 8.7% (2/23) • Grade 4: 0.0% (0/18) vs. 0.0% (0/23) Acute Nausea, % (n/N): Acute nausea grade ≥2: 11.1% (2/18) vs. 56.5% (13/23), p=0.003 • Grade 0: 83.3% (15/18) vs. 30.4% (7/23) • Grade 1: 5.6% (1/18) vs. 13.0% (3/23) • Grade 2: 11.1% (2/18) vs. 56.5% (13/23)
			 Grade 3: 0 (0.0%) vs. 0 (0.0%) Grade 4: NR

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			Acute Dysgeusia, % (n/N): Acute dysgeusia grade ≥2: 5.6% (1/18) vs. 65.2% (15/23), p<0.001 • Grade 0: 77.8% (14/18) vs. 17.4% (4/23) • Grade 1: 16.7% (3/18) vs. 17.4% (4/23) • Grade 2: 5.6% (1/18) vs. 65.2% (15/23) • Grade 3, 4: NR Acute Dysphagia, % (n/N): • Grade 0: 83.3% (15/18) vs. 52.2% (12/23) • Grade 1: 11.1% (2/18) vs. 39.1% (9/23) • Grade 2: 5.6% (1/18) vs. 8.7% (2/23) • Grade 3: 0.0% (0/18) vs. 0.0% (0/23) • Grade 4: 0.0% (0/18) vs. 0.0% (0/23) Acute Fatigue, % (n/N): • Grade 0: 61.1% (11/18) vs. 8.7% (2/23) • Grade 1: 33.3% (6/18) vs. 82.6% (19/23) • Grade 2: 5.6% (1/18) vs. 87% (2/23) • Grade 3: 0.0% (0/18) vs. 0.0% (0/23) • Grade 4: NR Requiring a treatment break, % (n/N): 16.7% vs. 21.7%, p=0.684 Requiring reactive gastrostomy tube or tracheostomy, % (n/N): 0% vs. 0%

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Sio 2016	NR	IMPT vs. IMRT	NR
IMPT (n=35) vs. IMRT (n=46) Retrospective Comparative Cohort Moderately High		Average (mean ± SD) symptom burden score in the top 11 (most severe) items on the MDASI-HN Top 5 scores* • Baseline: 1.0 vs. 1.4, p=NS • Acute Phase: 6.0 vs. 6.5, p=NS • Subacute Phase: 5.15 (2.66) vs. 6.58 (1.98), p=0.013 • Chronic Phase: 3.8 vs. 4.1, p=NS [Baseline, acute and chronic estimated from graph]	
		Top 11 scores* Baseline: 1.2 vs. 1.5, p=NS Acute Phase: 5.4 vs. 5.7, p=NS Subacute Phase: 4.8 vs. 5.5, p=NS Chronic Phase: 2.7 vs. 3.0, p=NS [all estimated from graph] MDASI-HN Food Taste Baseline: 1.09 (1.93) vs. 1.07 (2.34) Acute Phase: 6.88 (2.75) vs.7.65 (2.54) Subacute Phase: 5.76 (3.60) vs. 7.70 (2.44), p=0.010 Chronic Phase: 4.50 (3.43) vs. 4.43 (2.99)	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		MDASI-HN Dry Mouth	
		• <u>Baseline</u> : 1.14 (1.96) vs. 0.91 (2.21)	
		• <u>Acute Phase</u> : 5.55 (3.13) vs. 6.24 (2.57)	
		• <u>Subacute Phase</u> : 5.27 (3.28) vs.6.65	
		(2.51) • <u>Chronic Phase</u> : 5.47 (3.06) vs. 5.79 (2.44)	
		<u>Chrome r hase</u> . 5.47 (5.00) vs. 5.75 (2.44)	
		MDASI-HN Swallowing/Chewing	
		• <u>Baseline</u> : 0.83 (1.22) vs. 1.87 (2.76),	
		p=0.041	
		• Acute Phase: 6.24 (3.03) vs. 6.17 (2.81)	
		• <u>Subacute Phase</u> : 5.19 (3.07) vs. 6.40 (2.62)	
		• <u>Chronic Phase</u> : 3.76 (3.05) vs. 3.18 (2.64)	
		MDASI-HN Fatigue	
		• <u>Baseline</u> : 1.68 (2.00) vs. 1.80 (2.60)	
		• <u>Acute Phase</u> : 5.33 (3.01) vs. 6.00 (2.49)	
		• <u>Subacute Phase</u> : 4.69 (3.00) vs. 5.77	
		(2.47) • <u>Chronic Phase</u> : 2.53 (2.18) vs. 3.14 (2.26)	
		<u>CHIOTIC Phase</u> . 2.33 (2.18) vs. 3.14 (2.20)	
		MDASI-HN Pain	
		• <u>Baseline</u> : 1.77 (2.76) vs. 1.83 (2.92)	
		• <u>Acute Phase</u> : 5.97 (2.72) vs. 5.09 (2.41)	
		• <u>Subacute Phase</u> : 4.19 (3.18) vs. 4.05 (2.81)	
		• <u>Chronic Phase</u> : 1.59 (2.21) vs. 1.21 (1.66)	
		MDASI-HN Appetite	
		• <u>Baseline</u> : 0.89 (1.79) vs. 1.39 (2.53)	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		 Acute Phase: 5.85 (3.27) vs. 6.13 (3.04) Subacute Phase: 4.68 (3.53) vs. 6.37 (3.21); p=0.048 	
		• <u>Chronic Phase</u> : 2.12 (3.08) vs. 4.14 (3.01), p=0.036	
		MDASI-HN Mucus • <u>Baseline</u> : 0.57 (1.17) vs. 1.35 (2.68)	
		 Acute Phase: 5.73 (2.91) vs. 6.09 (2.78) Subacute Phase: 4.88 (3.66) vs. 6.14 (2.92) 	
		p=0.038 • Chronic Phase: 2.24 (2.84) vs. 2.89 (2.64)	
		MDASI-HN Sleep • Baseline: 2.03 (2.58) vs. 2.11 (2.82) • Acute Phase: 4.36 (3.54) vs. 4.72 (2.92)	
		• <u>Subacute Phase</u> : 4.04 (3.69) vs. 4.00 (2.68)	
		• <u>Chronic Phase</u> : 2.47 (2.98) vs. 2.57 (2.41) MDASI-HN Mouth Sores	
		 <u>Baseline</u>: 0.43 (0.95) vs. 0.93 (2.38) <u>Acute Phase</u>: 5.48 (2.84) vs. 5.76 (3.05) <u>Subacute Phase</u>: 5.35 (3.51) vs. 5.00 	
		(3.23) • <u>Chronic Phase</u> : 1.28 (3.20) vs. 1.39 (1.89)	
		MDASI-HN Drowsiness	
		 Baseline: 1.46 (2.08) vs. 1.78 (2.80) Acute Phase: 4.55 (3.34) vs. 4.93 (2.83) 	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		 Subacute Phase: 4.35 (3.16) vs. 4.63 (2.73) Chronic Phase: 2.18 (2.56) vs. 2.11 (2.38) MDASI-HN Distress Baseline: 1.83 (2.70) vs. 2.17 (2.46) Acute Phase: 3.21 (2.90) vs. 3.24 (2.87) Subacute Phase: 3.42 (3.35) vs. 3.40 (2.63) Chronic Phase: 2.00 (3.02) vs. 2.21 (2.57) 	
		Proportion of patients (%, n/N) with moderate to severe symptoms (scores of 4-10) in the top 11 (most severe) items on the MDASI-HN MDASI-HN Food Taste Baseline: 14.3% (5/35) vs. 8.7% (4/46) Acute Phase: 91% (30/33) vs. 93.5%	
		(43/46) • <u>Subacute Phase</u> : 65.4% (17/26) vs. 93% (40/43); p<0.003 • <u>Chronic Phase</u> : 60.7% (17/28) vs. 50% (9/18) MDASI-HN Dry Mouth • <u>Baseline:</u> 8.6% (3/35) vs. 10.9% (5/46) • <u>Acute Phase</u> : 69.7% (23/33) vs. 87% (40/46)	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		 Subacute Phase: 65.4% (17/26) vs. 83.7% (36/43) Chronic Phase: 77.8% (14/18) vs. 82.1% (23/28) MDASI-HN Swallowing/Chewing Baseline: 2.9% (1/35) vs. 21.7% (10/46), p=0.014 Acute Phase: 81.8% (27/33) vs. 78.3% (36/46) Subacute Phase: 65.4% (17/26) vs. 81.4% (35/43) Chronic Phase: 38.9% (7/18) vs. 35.7% (10/28) 	
		 MDASI-HN Fatigue Baseline: 22.9% (8/35) vs. 19.6% (9/46) Acute Phase: 69.7% (23/33) vs. 80.4% (37/46) Subacute Phase: 73.1% (19/26) vs. 81.4% (35/43) Chronic Phase: 27.8% (5/18) vs. 50% (14/28) MDASI-HN Pain Baseline: 17.1% (6/35) vs. 21.7% (10/46) Acute Phase: 78.8% (26/33) vs. 73.9% (34/46) Subacute Phase: 50% (13/26) vs. 53.5% (23/43) 	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Primary Outcomes Secondary/Intermediate outcomes			
		• <u>Chronic Phase</u> : 16.7% (3/18) vs. 14.3% (4/28)			
		MDASI-HN Appetite • Baseline: 2.9% (1/35) vs. 15.2% (7/46) • Acute Phase: 75.8% (25/33) vs. 73.9% (34/46) • Subacute Phase: 57.7 (15/26) vs. 74.4% (32/43) • Chronic Phase: 22.2% (4/18) vs. 50% (14/28)			
		MDASI-HN Mucus ■ <u>Baseline:</u> 5.7% (2/35) vs. 15.2% (7/46) ■ <u>Acute Phase</u> : 72.75 (24/33) vs. 73.9% (34/46) ■ <u>Subacute Phase</u> : 61.5% (16/26) vs.			
		83.7% (36/43), p=0.038 • <u>Chronic Phase</u> : 27.8% (5/18) vs. 35.7% (10/28)			
		MDASI-HN Sleep • <u>Baseline:</u> 25.7% (9/35) vs. 23.9% (11/46) • <u>Acute Phase</u> : 51.5% (17/33) vs. 60.9% (28/46) • <u>Subacute Phase</u> : 53.9% (14/26) vs. 58.1% (25/43) • <u>Chronic Phase</u> : 33.3% (6/18) vs. 35.7% (10/28)			
		MDASI-HN Mouth Sores			

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		 Baseline: 2.9% (1/35) vs. 8.7% (4/46) Acute Phase: 78.8% (26/33) vs. 76.1% (35/46) Subacute Phase: 69.2% (18/26) vs. 69.8% (30/43) Chronic Phase: 11.1% (2/18) vs. 14.3% (4/28) MDASI-HN Drowsiness Baseline: 14.3% (5/35) vs. 19.6% (9/46) 	
		 Acute Phase: 57.6% (19/33) vs. 60.9% (28/46) Subacute Phase: 65.4% (17/26) vs. 67.4% (29/43) Chronic Phase: 22.2% (4/18) vs. 21.4% (6/28) 	
		 MDASI-HN Distress Baseline: 28.6% (10/35) vs. 26.1% (12/46) Acute Phase: 45.5% (15/33) vs. 39.1% (18/46) Subacute Phase: 42.3% (11/26) vs. 48.8% (21/43) Chronic Phase: 22% (4/18) vs. 25% (7/28) 	
Zhang 2017 IMPT (n=50) vs. IMRT (n=534)	NR	NR	CTCAE v 4.0 Median Time to Osteoradionecrosis 11.4 (6.74 to 16.1) months

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Retrospective Comparative Cohort Moderately High Simon 2018 Surgery + PBT (n=23) vs. Surgery alone (n=24) Moderately High France	Surgery + PBT (n=23) vs. Surgery alone (n=24) [All patients] Surgery + PBT (n=22) vs. Surgery alone (n=12) [Petroclival patients only] Disease Specific OS (95% CI) • All patients - 5-year: 100% vs. 89.8% (76.2% to 100%) - 10-year: 100% vs. 89.8% (76.2% to 100%) p=0.138 • Petroclival patients only (n=34) - 5-year: 100% vs. 76.4% (46.1% to 100%) - 10-year: 100% vs. 76.4% (46.1% to 100%) p=0.028 PFS (95% CI) • All patients - 5-year: 100% vs. 67.8% (47.7% to 88.0%) - 10-year: 87.5% (64.6% to 100%) vs. 58.2% (33.5% to 82.8%)	NR	Patients with any grade Osteoradionecrosis 2% (1/50) vs. 7.7% (41/534) Patients with Osteoradionecrosis -Grade 1: 2% (1/50) vs. 4.3% (23/534) -Grade 2: 0% (0/50) vs. <1% (1/534) -Grade 3: 0% (0/50) vs. <1% (5/534) -Grade 4: 0% (0/50) vs. 2.2% (12/534) PBT induced complications (n=28)† vs. Surgery induced complications (n=47), % (n/N) • All complications: 68% (19/28) vs. 26% (12/47), p<0.001 • All Grade ≥3: 25% vs. 11%, p=0.10 • Death due to complication: 0% (0/47) vs. 2% (1/47), p=0.44 • Cerebro-spinal fluid leak: 0% (0/28) vs. 13% (6/47), p=NR • Meningitis: 0% (0/28) vs. 9% (4/47), p=NR • Cranial nerve palsy: 11% (3/28) vs. 19% (9/47), p=0.34 • Any Hearing Loss: 71.4% (20/28) vs. 14.9% (7/47) - Sensorineural: 39% vs. 6%, p<0.001 - Conductive, p=0.28 - Severe, p=0.02 • Dizziness: 14% (4/28) vs. 0% (0/47), p=0.008 • Pulmonary Embolism: 0% (0/28) vs. 2% (1/47), p=NR • Vision loss: 11% (3/28) vs. 0% (0/47), p=NR

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	p=0.006 • Petroclival patients only (n=34) - 5-year: 100% vs. 50% (15.4% to 84.6%) - 10-year: 85.7% (59.8% to 100%) vs. 50.0% (15.4% to 84.6%) p=0.001 Proportion of patients experiencing local relapse, % (n/N) • All patients 4.3% (1/23) vs. 33% (8/24) [5 of the 9 patients above experiencing local relapse went on to receive secondary proton therapy.] Proportion of patients experiencing regional relapse, % (n/N) • All patients: 0% Proportion of patients experiencing distance metastasis, % (n/N) • All patients: 0% Mortality, % (n/N) [only reported for all patients grouped together] - All-cause: 8.5% (4/47) - Disease-related: 4.3% (2/47) [1 patient died to complications related to surgery]		• Temporal lobe radionecrosis: 18% (5/28) vs. 0% (0/47), p=NR
McDonald 2016	NR	NR	PBT vs. IMRT

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
3D conformal PBT (n=14) vs. IMRT (n=26) Retrospective Comparative Cohort Moderately High USA			 G-tube dependent [Multivariate analysis] At completion of RT: OR 0.03 (95 % CI <0.01 to 0.15), p<0.001 1-month post RT: OR 0.11 (95% CI <0.01 to 0.61), p=0.028 Equivalent Morphine Dose greater at baseline than at completion of RT: OR 0.09 (95% CI 0.01 to 0.57), p=0.006 [Multivariate analysis]
Holliday 2015 IMPT (n=10) vs. IMRT (n=20) Retrospective Matched Pairs Comparative Cohort Moderately High USA	Proportion of patients experiencing disease failure, % (n/N) Local failure: 0% (0/10) vs. 5% (1/20) Distant metastatic disease: 10% (1/10) vs. 5% (1/20) Mortality, % (n/N) All-cause: 10% (1/10) vs. 5% (1/20) [The IMPT patient died of unknown causes with diffuse metastatic disease and the IMRT patient died of aspiration pneumonia and respiratory insufficiency]	NR	Acute Toxicities, % (n/N) Any Grade 3 event: 50% (5/10) [9 events] vs. 90% (18/20) [30 events], p=0.015 Grade 3 Dermatitis: 40% (4/10) vs. 25% (5/20) [All 30 patients experienced some degree of acute radiation dermatitis. There was no significant difference in the severity of skin toxicity by treatment type (p=0.412)] Grade 4/5: 0% vs. 0% Late Toxicity, % (n/N) Any Grade 3 event: 30% (3/10) [5 events] vs. 15% (3/20) [3 events], p=0.542 Proportion of patients requiring Gastrostomy tube placement during or after RT, % (n/N) 20% (2/10) vs. 65% (13/20), p=0.02; OR 9.33 (95% CI 1.74 to 75.96), p=0.008

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			Median time required for Gastrostomy tube placement (among those whom required it (IQR): 5.3 (4 to 9) months vs. 3.2 (2.5 to 7.3) months, p=0.23 Proportion of patients with a swallowing dysfunction after treatment, % (n/N) 0% (0/10) vs. 15% (3/20), p=0.175 Median percentage body weight lost from the beginning to the end of radiation (IQR) 5.7% (4.5% to 11.2%) vs. 7.6% (6.1% to 12.1%), p=0.333
PBT PBS (n=31) vs. IMRT via volumetric modulated arc therapy (n=33) Prospective Comparative Cohort Moderately High USA	NR	PBT vs. IMRT QOL Scores from 3 questionnaires: EORTC QLQ-30 v.3, EORTC OLO- H&N35 and the GRIX (0-100 scale; 10 point difference is clinically significant) For xerostomia, lower score = better QoL For global health, higher score = better outcomes 3 months Fatigue: 26.5 vs. 26.5, p=0.63 Head & Neck pain: 25 vs. 28.85, p=0.34 Painkiller use (%): 30.77 vs. 35.71, p=1 Xerostomia: 50 vs. 47.62, p=0.96	Both VMAT and PBS patients had a 0% rate of percutaneous endoscopic gastrostomy tube dependence at 6 months.

Study Intervention/ comparator Design ROB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		Moderate-severe dry mouth: 50 vs. 57.14, p=1 Xerostomia day: 41.2 vs. 43.06, p=0.81 Xerostomia night: 33.33 vs.47.01, p=0.11 Sticky saliva day: 29.37 vs. 38.46, p=0.38 Sticky saliva: 48.72 vs. 45.24, p=0.81 Dental problems: 0 vs. 19.05, p=0.016 Physical function: 88.1 vs. 87.62, p=0.83 Role function: 80.77 vs. 70.24, p=0.43 Global health: 69.05 vs. 66.03, p=0.41 6 months Fatigue: 8.5 vs. 20.47, p=0.07 Head & Neck pain: 8.33 vs. 18.86, p=0.08 Painkiller use (%): 16.67 vs. 21.05, p=1 Xerostomia: 39.58 vs. 52.63 p=0.14 Moderate-severe dry mouth: 22.22 vs. 63.16 p=0.02 Xerostomia day: 25.8 vs. 39.2 p=0.038 Xerostomia night: 22.8 vs. 35.1 p=0.042 Sticky saliva day: 15.43 vs. 20.47 p=0.6 Sticky saliva: 27.08 vs. 26.32 p=0.9 Dental problems: 1.96 vs. 17.54 p=0.048	

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		Physical function: 97.04 vs. 89.47 p=0.006 Role function: 96.3 vs. 76.32, p=0.0008 Global health: 83.33 vs. 73.15, p=0.09 12 months Fatigue: 4.86 vs. 22.22, p=0.17 Head & Neck pain: 8.33 vs. 21.97, p=0.011 Painkiller use (%): 17.65 vs. 36.36, p=0.38 Xerostomia: 23.53 vs. 54.55, p=0.003 Moderate-severe dry mouth: 11.76 vs. 50.00, p=0.038 Xerostomia day: 19.61 vs. 33.33, p=0.06 Xerostomia night: 17.65 vs. 30.56, p=0.10 Sticky saliva day: 17.65 vs. 22.22, p=0.31 Sticky saliva: 27.45 vs. 39.39, p=0.38 Dental problems: 5.88 vs. 21.21, p=0.13 Physical function: 98.96 vs. 87.88, p=0.24 Role function: 97.92 vs. 78.79, p=0.041 Global health: 81.86 vs. 72.73, p=0.13	

CI = Confidence interval; COI = Conflict of interest; F/U = Follow-up; Gy = Gray; HPV = Human papilloma virus; IMPT = Intensity modulated proton therapy; IMRT = Intensity Modulated Radiation Therapy; IQR = Interquartile range; MDASI-HN = MD Anderson Symptom Index – Head and Neck; NR = Not reported; NS = Not statistically significant; OR = Odds ratio; OS = Overall Survival; PBT = Proton Beam Therapy; RBE = Relative Biological Effectiveness; ROB = Risk of Bias; RT = Radiation therapy; SD = Standard Deviation

*Before treatment (baseline), during treatment (acute), within the first 3 months after treatment (subacute), and afterward (chronic phases).

APPENDIX H. Liver

Appendix Table H1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in liver cancers

Untreated HCC	Toxicity Grading Criteria: CTCAE v.2 Toxicity Radiation dermatitis was common, but no patients had severe complications
Funding: Japan Society for the Promotion of Science, (Grant/Award Number: '24390286', '24659556') COI: None ———————————————————————————————————	due to PBT

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Risk Classification: NR			progression: 9.3% (12/129)	
					Proportion of patients experiencing disease progression at any site: 54.3% (70/129)	
					Mortality Disease-related: 19.4% (25/129) All-cause: 45% (58/129) [Due to HCC (n=25), liver failure (n=9), non-liver-related disease (n=16), or unknown reasons	
					(n=8)] Secondary Outcomes Subsequent Therapy to treat progression TACE: 12.4% (16/129) PBT: 10.1% (13/129) RFA: 6.2% (8/129) PEIT: 1.6% (2/129) RT: 0.8% (1/129) Hepatic arterial infusion chemotherapy: 0.8% (1/129)	

Diagnosis ndication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Diagnosis: HCC ndication: Curative Intent	N=83 patients, 92 tumors Median Age: 69 years (range, 46 to 86) Male: 79.5% Primary Tumor Sites: Liver Caudate: 3% (3/92 tumors) Lateral: 8% (7/92 tumors) Medial: 14% (13/92 tumors) Anterior: 42% (39/92 tumors) Posterior: 33% (30/92 tumors) Tumor Characteristics: Child-Pugh Classification (based on first course of treatment) A: 88% (73/83) B: 12% (10/83) Risk Classification: NR	PBT: Respiratory gated double-scatter PBT All patients received at least 2 courses of PBT 2 courses: n=83 3 courses: n=15 4 courses: n=3 Median PBT Dose (range): 1st treatment: 71 GyE 2nd treatment: 70 GyE 3rd treatment: 70 GyE 4th treatment: 69.3 GyE Additional Treatments in conjunction with PBT: 63.9% (53/83) received treatment prior to PBT	Median F/U (range): 45 (5 to 153) months	Unknown: 7.8% (10/129) Best supportive care alone: 12.4% (16/129) Primary Outcomes OS (95% CI) 2-year: 87.5% (80.2% to 94.8%) 5-year: 49.4% (37.6% to 61.2%) Mortality Disease-related: 9.6% (8/83) [100% due to hepatic failure] Secondary Outcomes NR	Toxicity Grading Criteria: CTCAE v.4 Acute Toxicity, % (n/N) Severe (≥grade 3) acute toxicity was not observed • Intestinal Bleeding: 1.2% (1/83)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Mizumoto 2014 RoB: High Retrospective Case Series Japan Funding: Supported in part by Grants-in-Aid for Scientific Research (B) (24390286); Young Scientists (B) (25861064); and Scientific Research (C) (24591832) from the Ministry of Education, Science, Sports and Culture of Japan. COI: None Provides sub population analysis by Child-Pugh classification, young vs. old. Male	Diagnosis: HCC Indication: Curative Intent	N=250 Median Age: 71 years (range, 43 to 88) Male: 71% Primary Tumor Sites: Liver Tumor Characteristics: Child- Pugh Classification:	PBT: Respiratory gated double-scatter PBT PBT Dose: - Tumors within 2 cm of the gastrointestinal tract: 77.0 GyE in 35 fractions or 74 GyE in 37 fractions - Tumors within 2 cm of the porta hepatis 72.6 GyE in 22 fractions - All other tumors: 66 GyE in 10 fractions Additional Treatments in conjunction with PBT: Prior to PBT RFA, TAE, or surgery: 48% (120/250)	Median F/U (range): NR Patients were followed through December 2013, and were treated between January 2002 and November 2009	Primary Outcomes OS (95% CI) • 1-year: 83% (78% to 88%) • 3-year: 63% (56% to 70%) • 5-year: 51% (42% to 60%) LC (95% CI) • 1-year: 98% (96% to 100%) • 3-year: 85% (78% to 91%) • 5-year: 51% (78% to 91%) Mortality • Disease-related: 28.8% (72/250) • All-cause: 34% (85/250) Secondary Outcomes NR	NR .
vs. female, etc Mizuhata 2018	Diagnosis: HCC within 2 cm of the digestive tract	N=40	PBT: Respiratory-gated 3D conformal	Median F/U (range): 19.9	Primary Outcomes OS (95% CI)	Toxicity Grading Criteria: CTCAE v.4

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
RoB: High Retrospective Case Series Japan Funding: Supported by JSPS KAKENHI (Grants-in-Aid for Scientific Research) Grant Number 16K10273. COI: None	Indication: Curative Intent	Median Age: 72 years (range, 38 to 87) Male: 70% Primary Tumor Sites: Liver Tumor Characteristics: Median tumor size: 37 mm (range, 11-124) Child Pugh Score: A: 70% (28/40) B: 30% (12/40) Tumor Thrombosis: 60% (24/40) Comorbidities: Anticoagulation: 5% (2/40) Esophageal varices: 22.5% (9/40) History of GI bleeding or ulcers: 7.5% (3/40) Risk Classification: NR	PBT administered without the use of fiducial markers PBT Dose Range: 60 to 80 cobalt gray equivalents in 20 to 38 fractions Additional Treatments in conjunction with PBT: Prior to PBT TACE: 40% (16/40) RFA: 27.5% (11/40) PEIT: 2.5% (1/40) Surgery: 20% (8/40)	(1.2 to 72.3) months	 1-year: 86% (75% to 98%) 2-year: 76% (62% to 91%) PFS (95% CI) 1-year: 70% (55% to 86%) 2-year: 60% (42% to 79%) 2-year LC (95% CI) 94% (83% to 100%) Secondary Outcomes NR 	Acute Toxicity, % (n/N) Bleeding gastric ulcer -Grade 3: 2.5% (1/40) Uncontrollable ascites -Grade 3: 2.5% (1/40) Both patients completed PBT earlier than planned protocol due to their acute toxicities experienced included Grade 1 and 2 skin toxicities; actual numbers are NR Late Toxicity, % (n/N) No patient experienced grade 3+ toxicity Gastrointestinal Bleeding -Grade 2: 2.5% (1/40) Rib fracture with pain -Grade 2: 2.5% (1/40)
Grassberger 2018 RoB: High Prospective Case Series	Diagnosis: HCC (n=22) or ICC (n=21) Indication: Curative Intent	N=43 Median Age: HCC: 69.5 years (range, 54-88) ICC: 66.4 years (range, 36-82)	PBT: NR Median PBT Dose (range): 58 Gy (45-67.7)	Median F/U (range): 42 (NR) months	Primary Outcomes OS (95% CI) [Estimated from Figure 1] • 1-year - ICC: 60% (NR)	NR
USA		Male: 67.4%	Additional Treatments in		- HCC: 79% (NR) • 2-year - ICC: 34% (NR)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: Supported by grants from the National Cancer Institute Proton Beam Federal Share Program (to T.S.H. and D.G.D.). The work of R.K.J. and D.G.D. was supported by NIH grant P01CA080124. COI: None		Primary Tumor Sites: Liver Comorbidities Presence of cirrhosis: 90.7% (39/43) Risk Classification: NR	conjunction with PBT: None		- HCC: 56% (NR) Secondary Outcomes NR	
Hong 2016 RoB: High Prospective Case Series USA Funding: Supported by National Institutes of Health Grant No. 2P01CA021239- 29A1 Revised and in part by the Cancer Clinical	Diagnosis: Biopsy proven, unresectable or locally recurrent HCC (n=44) or ICC (n=39) Indication: Curative Intent for newly diagnosed (94%) or locally recurrent (6%) disease	N=83 Median Age: 67.6 years (range, 29.9- 89.7) Male: 61.4% Primary Tumor Sites: Liver Comorbidities: Underlying liver disease: 56.6% Cirrhosis: 85.2% Risk Classification: NR	PBT: 3D passively scattered Median PBT Dose (range): 58 Gy Additional Treatments in conjunction with PBT: Surgical Resection: 4.8% (4/83) TACE: 6% (5/83) RFA: 2.4% (2/83) Chemotherapy: 32.5% (27/44) Other: 15.7% (15/44)	Median F/U (range): 19.5 (0.6 to 55.9) months	Primary Outcomes OS (95% CI) • 1-year - HCC: 76.5% - ICC: 69.7% • 2-year - HCC: 46.5% PFS (95% CI) • 1-year - HCC: 56.1% - ICC: 41.4% • 2-year - HCC: 39.9% - ICC: 25.7%	Toxicity Grading Criteria: CTCAE v.3 Toxicity, % (n/N) At least one radiation- related toxicity: 85.5% (71/83); 4 patients with at least one grade 3 • Liver Failure -Grade ≤2: 0% (0/83) -Grade 3: 1% (1/83) (Same patient with ascites below) • Nonmalignant ascites -Any grade: 1% (1/83) -Grade 3: 1% (1/83)

Leadership Award, awarded by the National Cancer Institute through a supplement to Grant No. P30CA006516. COI: TH received research funding from Novartis, BY was stock/ownership in SISCAPA Assay Technologies, DR holds patent/royalties in telectual property for UpToDate and McGraw Hill, Several authors have received honoraria or have held consulting or advisory roles. All other authors report no conflicts of interests.	Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
- Nodal progression: 2.3% (1/39) -Any grade: 4% (3/8) Neurology Toxicity -Any grade: 2% (2/8) NR -Any grade: 2% (2/8) Abdominal Pain	Leadership Award, awarded by the National Cancer Institute through a supplement to Grant No. P30CA006516. COI: TH received research funding from Novartis, BY was stock/ownership in SISCAPA Assay Technologies, DR holds pataent/royalties.i ntelectual property for UpToDate and McGraw Hill, Several authors have received honoraria or have held consulting or advisory roles. All other authors report no conflicts of interest.					 All patients: 94.4% (87.2% to 98.2%) HCC: 94.8% (NR) ICC: 94.1% (NR) Proportion of Patients Experiencing Progression HCC Any progression: 43.2% (19/44) Hematogeneous progression: 45.2% (2/44) Local failure with other progression: 4.5% (2/44) Nodal progression: 2.3% (1/44) ICC Any progression: 69.2% (27/39) Hematogeneous progression: 59.2% (27/39) Isolated local failure: 12.8% (5/39) Nodal progression: 2.3% (1/39) Secondary Outcomes 	 Platelets (Thrombocytopenia) -Any grade: 1% (1/83) Grade 3: 1% (1/83) Fatigue -Any grade: 1% (1/83) Hyperpigmentation -Any grade: 12% (10/83) Rash -Any grade: 61% (51/83) Anorexia -Any grade: 25% (17/83) Nausea -Any grade: 30% (25/83) Ulcer (GI/Stomach) -Any grade: 1% (1/83) Grade 3: 1% (1/83) Vomiting -Any grade: 10% (8/83) Hemorrhage/bleeding -Any grade: 1% (1/83) Hyperbilirubinemia -Any grade: 1% (1/83) Hyperbilirubinemia -Any grade: 1% (1/83) Musculoskeletal/soft tissue toxicity -Any grade: 4% (3/83) Neurology Toxicity -Any grade: 2% (2/83)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						 Pulmonary/upper respiratory toxicity Any grade: 5% (4/83) Other Blood/bone morrow toxicity Any grade: 5% (4/83) Other dermatology/skin toxicity Any grade: 4% (3/83) Other Gl toxicity Any grade: 20% (18/83) Other metabolic/laboratory toxicity Any grade: 10% (8/83) Other pain Any grade: 13% (11/83)
Yeung 2018	Diagnosis: Liver malignancies (n=30 HCC, n=6 ICC, n=1	N=37 patients, 39 tumors	PBT: Hypofractionated PBT	Median F/U (range): 11	NR	Toxicity Grading Criteria: CTCAE v.4
RoB: High	metastasis)	Median Age: 66 years (range, 46-82)	Uniform scanning 79.5% (31/39	(2 to 44) months		Toxicity, % (n/N)
Retrospective Case Series	Indication: Curative Intent	Male: %	lesions) Pencil beam	mentins		Chest wall pain (requiring narcotic
USA		Primary Tumor Sites: Liver Comorbidities:	scanning: 21.6% (8/39 lesions)			analgesics) - Grade 1: 2.7% (1/37) - Grade 2: 19% (3/37)
Funding: NR		 Diabetes: 27% (10/37) 	Median PBT Dose (range): 60 GyE			- Grade 3: 11% (4/37)
COI: None		Hypertension:56.8% (21/37)	(range, 35-67.5) in 15 fractions			
		• Coronary artery disease: 8.1% (3/37)	Additional Treatments in			

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		 Connective tissue disorder: 8.1% (3/37) Tumor Characteristics: Child-Pugh Classification: A: 56.8% (21/37) B: 27% (10/37) C: 13.5% (5/37) Median Tumor Size: 102 cm (range, 1-860) Risk Classification: NR 	conjunction with PBT: NR			
Fukumitsu 2015	Diagnosis: Metastatic Liver	N=140, 133 completed	PBT: Double-Scatter	Median F/U	Primary Outcomes	Toxicity Grading Criteria:
	Tumors	treatment*		(range): NR	OS (95% CI):	CTCAE v.4
Retrospective Case		Median Age: NR	Median PBT Dose		2-year: 46% (NR)	
Series	Indication among patients	Male: 83%	(range): 72.6 Gy (RBE)		5-year: 24% (NR)	Late Toxicity Grade >3, %
	with lesions confined to the		(9-77)		 Lesions confined to 	(n/N)
RoB: High	liver: Curative Intent (73%;	Primary Tumor Sites:			liver (n=85): 28%	• Rib fracture: 0.8%
	62/85) or Palliative (27%;	Colorectum, 42.9%	Additional		○ Curative tx (n=62):	(1/133)
Japan	23/85)	(60/140);	Treatments in		30%	Cholangitis: 0.8%
Francisco ND		Pancreas, 13.6%	conjunction with		 Palliative tx 	(1/133)
Funding: NR		(19/140);	PBT:		(n=23): 23%	
COI: None		Breast, 8.6% (12/140); Stomach, 8.6%	Neoadjuvant (before PBT)		p=0.012 (curative	Proportion of patients
COI: None		(12/140);	Chemotherapy:		vs. palliative0	showing an elevation of
		Other; 26.4% (37/140)	(4/140)		 Lesions both in and 	more than 2 on the Child-
Provides		Other, 20.470 (37/140)	TACE: (3/140)		outside liver	Pugh score†: 6% (8/133)
subpopulation		Confined to the liver:	RFA: (2/140)		(n=55): 16%	
analysis by		60.7% (85/140)	PEIT: (2/140)		p=0.007 (confined vs.	
treatment strategy		Solitary tumor:	Hormone Therapy:		in and outside)	
and tumor site,		(49/85)	(1/140)			
tumor localization,						

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
and concurrent therapy		Multiple tumors (36/85) Inside and outside the liver: 39.9% (55/140) Risk Classification: NR	Combined Therapy: (5/140) Concurrent (during PBT) Chemotherapy: (26/140) Hormone Therapy: (2/140) Hyperthermia: (1/140) Chemotherapy + hyperthermia: (1/140) Immunotherapy: (1/140) Adjuvant (After PBT, but not for new lesions or recurrent tumors) Chemotherapy: (42/140) Immunotherapy: (42/140) Immunotherapy: (4/140) Other: (2/140)		LC (95% CI) (n=124) [16 patients had no follow-up CT]: 2-year: 66% (NR) 5-year: 53% (NR) Secondary Outcomes Subsequent Therapy to treat new lesions or recurrent tumors • PBT: 7.9% (11/140) • Chemotherapy: 6.4% (9/140) • Chemotherapy + PBT: 3.6% (5/140) • PBT + RT: 2.1% (3/140) • Surgery + chemotherapy: 1.4% (2/140) • Other: 2.1% (3/140)	
Kim 2017 <i>RoB</i> : High	Diagnosis: HCC with tumor vascular thrombosis	N=41 Median Age (range): 55 years (24–81)	PBT: Simultaneous integrated boost-proton beam	Median F/U (range): 15.2 (NR) months	Primary Outcomes Local Progression Free Survival (95% CI)	Toxicity Grading Criteria: CTCAE v.3
Retrospective Case Series	Indication: Curative Intent: 24.4% (10/41)	Male: 85.4% Primary Tumor Sites:	therapy PBT Dose: NR		All patients • 2-year: 88.1% (NR)	Acute Toxicity, % (n/N) [All patients] No patient experienced
South Korea	For Recurrent/Residual Disease: 75.6% (31/41)	Risk Classification: NR	Additional Treatments in		Relapse-free Survival (95% CI) All patients	grade ≥3 acute toxicity. • Elevated Alanine Aminotransferase

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: Supported by National Cancer Center Grant (NCC 1410160 and 1610590). COI: None			conjunction with PBT: 75.6% (31/41) of patients had some sort of treatment prior to PBT		• 2-year: 25% (NR) OS (95% CI): All patients • 2-year: 51.1% (NR) Mortality, % (n/N) All patients • Disease-related:	- Grade 1: 4.9% (2/41) Leukopenia - Grade 1: 4.9% (2/41) (Same patients experiencing thrombocytopenia below) Thrombocytopenia - Grade 1: 4.9% (2/41) (Same patients experiencing Leukopenia above) Late Toxicity, % (n/N) [All patients] Gastric/Duodenal Ulcers - Grade 1: 4.9% (2/41) - Grade 2: 4.9% (2/41)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					- PR: 41.9% (13/31) - SD: 12.9% (4/31) - PD: 3.2% (1/31) • Treatment with Curative Intent - CR: 10% (1/10) - PR: 70% (7/10) - SD: 20% (2/10) - PD: 0% (0/10) p-value for the difference between treatment indications: 0.218	
					Tumor Vascular Thrombosis Response to PBT • Treatment for Recurrent/Residual Disease - CR: 41.9% (13/31) - PR: 25.8% (8/31) - SD: 29.1% (9/31) - PD: 3.2% (1/31) • Treatment with	
					curative Intent - CR: 10% (1/10) - PR: 60% (6/10) - SD: 30% (3/10) - PD: 0% (0/10) p-value for the difference between treatment indications: 0.146	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Secondary Outcomes Requirements for additional treatments due to residual or recurrent disease • Sorafenib ± TACE ± RFA ± chemotherapy: 46.3% (19/41) • TACE ± chemotherapy: 14.6% (6/41) • Chemotherapy: 2.4% (1/41) • Surgical Resection: 2.4% (1/41) • RFA: 2.4% (1/41)	
Kim 2018	Diagnosis: Inoperable or	N=71	PBT:	Median F/U	Primary Outcomes	Toxicity Grading Criteria:
RoB: High	recurrent HCC	Median Age: 63 years (range, 40-92)	Hypofractionated PBT	(range): 31.3 (4.2 to 47)	3-year Local Progression Free	CTCAE v.3
	Indication:	Male: 84.5%	PBT Dose: 66 GyE in	months	Survival (95% CI)	Acute Toxicity, % (n/N)
Retrospective Case	Treatment for		10 fractions		89.9% (81.8% to 98%)	No patient experienced
Series	recurrent/residual disease:	Primary Tumor Sites:				grade 3+ toxicity
Courth Karaa	77.6% Curative Intent: 24.4%	Liver (unclear as to where other sites may	Additional		3-year Relapse Free	 Leukopenia/thrombocyt
South Korea	Curative intent: 24.4%	have been)	Treatments in conjunction with		Survival (95% CI) 26.8% (14.9% to	openia
Funding: This study		Have been,	PBT:		38.7%)	-Grade 1: 8.5% (6/71)
was supported by		Tumor Characteristics:	To PBT site:		33737	Late Toxicity, % (n/N)
National Cancer		Tumor Size	TACE: 89.1%		3-year OS (95% CI)	• 0% (0/71)
Center Grant (NCC		<3: 90.1% (64/71)	(49/71)		74.4% (63.1% to	- 5/0 (0/ / 1/
1710060 and		≥3: 9.9% (7/71)	TACE + RFA and/or		85.7%)	
1710030).		Child-Pugh	PEIT: 10.9% (6/71)			
		Classification†	To other site:			

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
COI: None		A: 95.8% (68/71)	TACE ± RFA ± PEIT:		Proportion of patients	
		B: 4.2% (3/71)	73.3% (44/71)		experiencing disease	
			Surgical resection ±		recurrence: 69%	
		Risk Classification: NR	TACE ± RFA ± PEIT		(49/71)	
Provides			± Sorafenib: 23.3%		• Local progression:	
subpopulation			(14/71)		8.5% (6/71) [n=2	
analysis based on			RFA: 3.4% (2/71)		who achieved CR;	
several patient characteristics for					n=4 who did not	
survival outcomes					achieve CR]	
Sui vivai outcomes					 Intrahepatic 	
					recurrence: 69%	
					(49/71)	
					• Distant Metastasis:	
					15.5% (11/71)	
					Tumor Response, %	
					(n/N)	
					All patients	
					-CR: 93% (66/71)	
					- PR: 0% (0/71)	
					-SD: 1.4% (1/71)	
					- PD: 5.6% (4/71)	
					Mortality‡	
					• Disease-related:	
					21.1% (15/71)	
					• All-cause: 22.5%	
					(16/71)	
					Actuarial CR Rates	
					(95% CI)	
					• 3-months: 21.3%	
					(11.7% to 30.9%)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Yu 2018 RoB: High Prospective Case Series South Korea Funding: Supported by a Samsung Medical Center grant (No. GF01130081), a Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (No. NRF-	Diagnosis: HCC Indication: Salvage: 49% Consolidative: 31% Palliative: 18% Definitive: 3%	N=101 Median Age: 63 years (range, 35-91) Male: 86.1% Primary Tumor Sites: Liver Tumor Characteristics: Child-Pugh Classification: A: 80% (80/101) B: 8% (8/101) C: 1% (1/101) Portal Vein Tumor Thrombosis: 28.7% (29/101) Risk Classification: NR	PBT: Multi-beam PBT, Wobbling beam PBT, or Line scanning PBT Two patients were treated with PBT twice, one because of a synchronous multiple intrahepatic tumor, and another because of a metachronous outfield intrahepatic recurrence. Median PBT Dose (range): NR Additional Treatments in conjunction with PBT: • Surgical resection: 17.8% (18/101)	Median F/U (range): 4.9 (1.3 to 14.6) months	• 6-months: 60% (48.5% to 71.6%) • 9-months: 81.8% (72.6% to 91%) • 1-year: 89.4% (81.9% to 96.8%) Secondary Outcomes NR Primary Outcomes Tumor Response at 1-month follow-up • CR: 37.6% (38/101) • PR: 18.8% (19/101) • SD: 24.8% (25/101) • PD: 18.8% (19/101) Tumor Response at 3-months follow-up • CR: 53.8% (42/78) • PR: 10.3% (8/78) • PD: 30.8% (24/78) Proportion of patients having locally progressive disease, % (n/N): 5.9% (6/101) Secondary Outcomes NR	Toxicity Grading Criteria: CTCAE v.4 Proportion of patients experiencing radiation- induced liver disease, % (n/N) • Classic type: 0% (0/101) • Non-classic type: 4% (4/101) [Measured by a worsening of Child-Pugh score by 2] Proportion of patients experiencing gastroduodenal toxicity: 5% (5/101) Acute toxicity, % (n/N) • Anemia - Grade 1: 56.4% (57/101) - Grade 2: 3% (3/101) - Grade 3: 2% (2/101) • Leukopenia

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
2015R1D1A1A0106 0945), and a grant from the Marine Biotechnology Program (No. 20150220) funded by the Ministry of Oceans and Fisheries, Korea. COI: None			 Transplantation: 1% (1/101) RFA: 38.6% (39/101) TACE: 96% (97/101) RT: 15.8% (16/101) Sorafenib: 3% (3/101) 			- Grade 1: 24.8% (25/101) - Grade 2: 19.8% (20/101) - Grade 3: 3% (3/101) • Thrombocytopenia - Grade 1: 47.5% (48/101) - Grade 2: 24.8% (25/101) - Grade 3: 9.9% (10/101) • Aspartate Aminotranferase: - Grade 1: 39.6% (40/101) - Grade 2: 2% (2/101) - Grade 3: 1% (1/101) • Alanine Aminotransferase - Grade 1: 24.8% (25/101) - Grade 2: 4% (4/101) - Grade 3: 1% (1/101) • Alkaline phosphatase - Grade 1: 34.7% (35/101) • Hypoalbuminemia - Grade 2: 8.9% (9/101) • Hyperalbuminemia - Grade 1: 15.8% (16/101) - Grade 2: 8.9% (9/101)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 2: 11.9% (12/101) - Grade 3: 4% (4/101) - Grade 4: 1% (1/101) • Anorexia - Grade 1: 11.9% (12/101) - Grade 2: 1% (1/101) • Nausea - Grade 1: 3% (3/101) - Grade 2: 2% (2/101) • Vomiting - Grade 1: 5% (5/101) • Abdominal pain - Grade 1: 9.9% (10/101) - Grade 2: 3% (3/101) • Dermatitis - Grade 1: 18.8% (19/101)
Hong 2017	Diagnosis: Liver metastasis	N=89	PBT: Passively	Median F/U	Primary Outcomes	- Grade 2: 5% (5/101) Toxicity Grading Criteria:
_	from a solid tumor (including	Median Age: 67.6	scattered proton	(range): 30.1	OS (95% CI)	CTCAE v.3
Prospective Case	multifocal HCC)	years (34.2 to 88.9)	based stereotactic	(14.7 to	• 1-year: 66.3%	
Series		Male: 62.9%	body radiation	53.8)	(55.5% to 75.1%)	Toxicity, % (n/N)
Da D. Hilah	Indication: Curative Intent	Duimen Transau Cita	therapy	months	• 2-year: 35.9%	87.6% (78/89)
RoB: High		Primary Tumor Site: Adenocarcinoma	Median PBT Dose		(25.8% to 46.2%)	experienced at least one radiation-related toxicity
USA		Colorectal: 38.2%	(range): 40 GyE		• 3-year: 20.8%	Gastrointestinal disorders
OSA		(34/89)	(range, 30–50 GyE)		(12.4% to 30.8%)	Abdominal pain
Funding:		Pancreas: 14.6%	(-Grade 1: 20.2% (18/89)
Supported by		(13/89)	Additional		PFS (95% CI)	-Grade 2: 3.4% (3/89)
Federal Share of		Esophagogastric:	Treatments in		• 1-year: 24.7%	• Nausea
program income		13.5% (12/89)	conjunction with		(16.3% to 30.4%)	-Grade 1: 13.5% (12/89)
earned by		Breast: 3.4% (3/89)	PBT:			5.446 1. 15.5/0 (12/05)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Massachusetts General Hospital, Proton Therapy Research and Treatment Center (C06 CA059267), a Cancer Clinical Investigator Team Leadership Award awarded by the National Cancer Institute through a supplement to P30CA006516 (TSH), the American Cancer Society 123420RSG-12- 224-01-DMC (HW), and National Cancer Institute 2P50CA127003- 06A1 (JWC). COI: NR		Gallbladder: 3.4% (3/89) Non-Small Cell Lung: 3.4% (3/89) Prostate 1.1% (1/89) Small Bowel/Duodenal: 1.1% (1/89) HCC Liver: 9.0% (8/89) Neuroendocrine Tumor Small Bowel/Duodenal: 2.2% (2/89) Colorectal: 1.1% (1/89) Pancreas: 1.1% (1/89) Squamous Cell Carcinoma Anal: 1.1% (1/89) Colorectal: 1.1% (1/89) Non-Small Cell Lung: 1.1% (1/89) Adenoid Cystic Carcinoma Head and Neck: 1.1% (1/89) Merkel Cell Carcinoma Head and Neck: 1.1% (1/89) Hemangiopericytoma	Patients may have had prior therapy including chemotherapy, biological therapy, or liver-directed therapy including TACE, RFA, or microwave ablation three or more weeks prior to first radiation treatment. Hormonal therapies were permitted to be continued through treatment.		• 2-year: 9.2% (4.0% to 16.9%) LC (95% CI) • 1-year: 71.9% (62.3% to 80.9%) • 2-year: 61.2% (50.8% to 71.8%) Secondary Outcomes NR	 Diarrhea -Grade 1: 4.5% (4/89) Vomiting -Grade 1: 3.4% (3/89) Bloating -Grade 1: 1.1% (1/89) Constipation -Grade 1: 1.1% (1/89) Diverticulitis -Grade 2: 1.1% (1/89) Flatulence -Grade 1: 1.1% (1/89) Nonspecific gastrointestinal symptoms -Grade 1: 1.1% (1/89) Stomach pain -Grade 1: 1.1% (1/89) General disorders and administration site conditions Fatigue -Grade 1: 53.9% (48/89) -Grade 2: 14.6% (13/89) Pain -Grade 1: 3.4% (3/89) Malaise -Grade 1: 1.1% (1/89) (1/89) Injury, poisoning, and procedural complications

Author (year), Diagnosis Study Site Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
	Pancreas: 1.1% (1/89) Acinar Cell Carcinoma Pancreas: 1.1% (1/89) Comorbidities: Liver Cirrhosis: 6.7% (6/89) Risk Classification: NR Disease status at enrollment: • Progressing: 84% • Stable: 9% • Responding 3% • Metastatic, newly diagnosed: 3%				-Grade 1: 43.8% (39/89) -Grade 2: 3.4% (3/89) • Fracture -Grade 1: 2.2% (2/89) Investigations • Platelet count decreased -Grade 1: 2.2% (2/89) • Weight loss -Grade 2: 2.2% (2/89) • Weight loss -Grade 2: 1.1% (1/89) Metabolism and nutrition disorders • Anorexia -Grade 1: 13.5% (12/89) -Grade 2: 2.2%(2/89) • Hyperglycemia -Grade 1: 1.1% (1/89) • Hyponatremia -Grade 1: 1.1% (1/89) Musculoskeletal and connective tissue disorders • Flank pain -Grade 1: 3.4% (3/89) • Chest wall pain -Grade 1: 1.1% (1/89) • Pain in extremity -Grade 1: 1.1% (1/89)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						Reproductive system and
						breast disorders
						Pelvic pain
						-Grade 1: 1.1% (1/89)
						Respiratory, thoracic, and
						mediastinal disorders
						• Cough
						-Grade 1: 1.1% (1/89)
						• Dyspnea
						-Grade 1: 1.1% (1/89)
						 Pneumonitis
						-Grade 1: 1.1% (1/89)
						<u>Skin</u>
						 Skin hyperpigmentation
						-Grade 1: 6.7% (6/89)
						Dry skin
						-Grade 1: 1.1% (1/89)
						 Hyperhidrosis
						-Grade 1: 1.1% (1/89)
						• Pruritus
						-Grade 1: 1.1% (1/89)
						 Telangiectasia
						-Grade 1: 1.1% (1/89)

CI = Confidence Interval; COI = Conflict of Interest; CR = Complete Response; F/U = Follow-up; HCC = Hepatocellular Carcinoma; ICC = Intrahepatic cholangiocarcinoma; LC = Local Control; OS = Overall Survival; PBT = Proton Beam Therapy; PEIT: Percutaneous ethanol injection therapy; PD = Progressive Disease; PFS = Progression Free Survival; PR = Partial Response; RFA = radiofrequency ablation; RT = Radiation therapy; SD = Stable Disease; TACE = transcatheter arterial chemoembolization

‡Due to intrahepatic disease progression (n = 10), liver failure by progression of LC (n = 2), bone metastasis (n = 2), brain metastasis (n = 1), and pneumonia (n = 1), not related with treatment

^{*}Reasons for not completing treatment: tumor progression (n=2), liver dysfunction (n=1), massive ascites (n=1), poor physical condition (n=1), dullness (n=1), jaundice (n=1)

[†]The Child–Pugh score is used to assess the prognosis of chronic liver disease, mainly cirrhosis. The scoring system incorporates five parameters: serum bilirubin, serum albumin, prothrombin time, severity of ascites, and grade of encephalopathy. Based on the sum of the points from these five parameters, the patient is categorized into one of three classes: A, B, or C, with class C being the most severe.

Appendix Table H2. Study characteristics and patient demographics: comparative studies of proton beam therapy in liver cancers

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes		
RCTs									
RCT Moderately High USA	69	PBT (n=33): Passive scattering; RBE of 1.1; Median total dose: 70.2 Cobalt-gray equivalents in 15 fractions 82% received a single treatment; all others received up to 3 courses; total treatment courses: 38 TACE (n=36): Performed by interventional radiologist Single treatment: 58% received a single treatment; all others received up to 4 (for persistent disease) Initial treatment: ethiodol chemotherapy (16 treatments); in 2009, switch to	Inclusion: Patients with untreated, newly diagnosed HCC either by tissue biopsy or clinically with history of cirrhosis, characteristic imaging findings, and/or elevated a-fetoprotein; who were deemed to be candidates for TACE by an interventional radiologist according to standard guidelines and deemed to be eligible for PBT by the participating radiation oncologist and evaluated proximity of tumors to adjacent normal tissue structures, such as bowel. Exclusion: Patients with Child C cirrhosis, model for end- stage liver disease >25 mg/dL, bilirubin >3 mg/dL, and large- volume, unstable ascites.	Mean Age (years): 61.4 vs. 58.9 % Male: 76% vs. 67% Biopsy: 27% vs. 33% Presence of Cirrhosis: 97% vs. 94.4% Patients with multiple tumors: 54.5% vs. 55.6% Mean maximal tumor size, cm (range): 3.2 (1.8 to 6.5) vs. 3.2 (2.0 to 6.5) Mean bilirubin, mg/dL (range): 1.59 (0.4 to 3.4) vs. 1.73 (0.3 to 4.7) Mean albumin, mg/dL (range): 3.42 (2.3 to 4.2) vs. 3.23 (2.1 to 4.7) α-fetoprotein, ng/mL (range): 23.2 (2 to 150) vs. 22.8 (2 to 100)	F/U (median [range]): 28 months (NR) % F/U - All patients: CD* - PBT vs. TACE: CD*	2-year OS, LC, PFS Harms	Funding: Ken Venturi endowment for proton therapy research COI: None		

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		chemotherapy- eluting microspheres (47 treatments)					
Nonrandomized	Comp	arative Cohorts					
Sanford 2019 [32 patients in this study were dually enrolled in Hong 2016 (Case Series)] Retrospective Comparative Cohort ROB USA	133	PBT (n=49) 3D passively scattered Median dose (IQR): 67 Gy (60 to 70) IMRT (n=84) Median dose (IQR): 67 Gy (67 to 82)	Inclusion: Patients treated between June 2008 and December 2017, 18 years or older, unresectable HCC Exclusion: Patients who had received prior liver-directed external beam radiation therapy or had extrahepatic disease at diagnosis or who received another course of liver radiation therapy less than 12 months after completion of the index treatment	PBT vs. IMRT Median age (IQR): 65 (60 to 74) vs. 69 (61 to 79) % Male: 80% vs. 73% Disease status - Curative intent: 84% vs. 83% - For a recurrence: 16% vs. 17% Comorbidities - Underlying cirrhosis: 96% vs. 77%, p=0.006 - Hepatitis B: 12% vs. 5% - Hepatitis C: 49% vs. 29% Tumor thrombus: 27% vs. 35% Previous therapy - Ablation: 10% vs. 10% - Chemoembolization: 6% vs. 14% - Selective internal radiation therapy: 0% vs. 2% - Chemotherapy: 0% vs. 8% - Resection: 2% vs. 1% - Multiple: 6% vs. 10%	Median F/U: 14 months % F/U: NR	Overall Survival Local Failure Locoregional Failure Child-Pugh Score	Funding: NR COI: NR

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				Median Gross Tumor Volume (IQR): 106 (36 to 209) mL vs. 118 (45 to 269) mL			
				ECOG Performance Status - 0: 47% vs. 38% - 1: 49% vs. 46% - 2/3: 4% vs. 15%			
				Median Child-Pugh score (IQR): 5 (5 to 6) vs. 6 (5 to 7), p=0.008			
				Median ALBI score (IQR): -2.34 (-2.73 to -1.78) vs. -2.68 (-2.9 to -2.06), p=0.03			
				Median rV10Gy (IQR): 50.5 (43.8-59.9) vs. 60.0 (51.5- 71.0), p=0.0003			

CD = Cannot be Determined; COI = conflict of interest; F/U = follow-up; HCC = Hepatocellular carcinoma; LC = Local control; NR = not reported; OS = Overall survival; PFS = Progression free survival; ROB = Risk of Bias; TACE = Transarterial chemoembolization

^{*}Follow-up and differential loss to follow-up cannot be determined (number of eligible patients and number of patients lost per treatment group not provided, of 70 patients enrolled, 1 was lost to follow-up of those 70)

Appendix Table H3. Detailed data abstraction: comparative studies of proton beam therapy in liver cancers

Primary Outcomes	Secondary/Intermediate Outcomes	Harms
PBT vs. TACE	NR	PBT vs. TACE
2-year OS (95% CI) • All patients: 59% (NR) • Patients who received liver transplant after assigned HCC therapy: 82% (NR) [For both outcomes above authors state that there was no significant difference between treatment arms, but fail to provide any statistics regarding this claim] 2-year LC (95% CI) 88% (NR) vs. 45% (NR); p=0.06 2-year PFS (95% CI) 48% (NR) vs. 31% (NR); p=0.06 Proportion of patients receiving liver transplants after treatment (n=12 vs. 10) who achieved pathologic complete response, % (n/N) 25% (3/12) vs. 10% (1/10); p=0.38		Acute treatment-related toxicities were "generally limited to fatigue and radiation skin reaction for PBT patients and abdominal pain and nausea for TACE patients, which were experienced by most patients." "Serious complications from PBT were uncommon events" (no data provided). Proportion of patients hospitalized for a complication within 30 days of treatment (i.e. not for a routine observation), % (n/N) 6.1% (2/33) vs. 41.7% (15/36) Total days hospitalized within 30 days of treatment: 24 (0.73 days per patient) vs. 166 (4.6 days per patient); p<0.001 • Days hospitalized for routine observation within 30 days of treatment: 0 vs. 53 • Days hospitalized with complications within 30 days of treatment: 24 vs. 113; p=NR Proportion on patients with acute complications leading to hospitalization, % (n/N) • Liver failure: 6.1% (2/33) vs. 2.8% (1/36) • Abdominal pain: 0% (0/33) vs. 13.9% (5/36) • Spontaneous bacterial peritonitis: 0% (0/33) vs. 2.8% (1/36) • Hepatorenal syndrome: 0% (0/33) vs. 5.6% (2/36)
P 2 • [[tlbp 2 8 2 4 Ptw re	PBT vs. TACE Peyear OS (95% CI) Patients: 59% (NR) Patients who received liver transplant after assigned HCC therapy: 82% (NR) For both outcomes above authors state hat there was no significant difference between treatment arms, but fail to brovide any statistics regarding this claim] Peyear LC (95% CI) R% (NR) vs. 45% (NR); p=0.06 Proportion of patients receiving liver transplants after treatment (n=12 vs. 10) who achieved pathologic complete tesponse, % (n/N)	PBT vs. TACE P-year OS (95% CI) Pall patients: 59% (NR) Patients who received liver transplant after assigned HCC therapy: 82% (NR) For both outcomes above authors state hat there was no significant difference between treatment arms, but fail to provide any statistics regarding this claim] P-year LC (95% CI) R8% (NR) vs. 45% (NR); p=0.06 P-year PFS (95% CI) R8% (NR) vs. 31% (NR); p=0.06 Proportion of patients receiving liver ransplants after treatment (n=12 vs. 10) who achieved pathologic complete esponse, % (n/N)

Nonrandomized Comparativ	e Cohort		 GI bleed: 0% (0/33) vs. 11.1% (4/36) Cellulitis: 0% (0/33) vs. 2.8% (1/36) Vomiting: 0% (0/33) vs. 2.8% (1/36) Acute renal failure: 0% (0/33) vs. 2.8% (1/36) Perihaptic bleed: 0% (0/33) vs. 2.8% (1/36) Peritoneal hematoma: 0% (0/33) vs. 2.8% (1/36) Angina requiring coronary bypass: 0% (0/33) vs. 2.8% (1/36)
Sanford 2019	PBT vs. IMRT	NR	PBT vs. IMRT
PBT (n=49) vs. IMRT (n=84) [32 patients receiving protons in this study were dually enrolled in Hong 2016 (case series)] Retrospective Comparative Cohort USA	OS (95% CI) • 2-year: 59.1% vs. 28.6%, adj. HR 0.47 (95% CI 0.27 to 0.82), p=0.008 Cumulative Incidence of Local Failure HR 0.74 (95% CI 0.18 to 3.01), p=0.67 Local Control (95% CI) • 2-year: 93% (NR) vs. 90% (NR), p=NR Cumulative Incidence of Locoregional (local and locoregional combined) Recurrences, % (n/N) 53% (26/49) vs. 42% (36/84), adj. HR 0.98 (95% CI 0.54 to 1.75), p=0.93		 Radiation-induced Liver Disease (RILD) (n=100 patients whose nonclassic RILD status could be calculated or inferred – nonclassic RILD defined as worsening in baseline Child-Pugh score by 2+ points at 3 months post-treatment) Number who developed RILD: n=4 vs. n=17 (proportion could not be calculated because denominators were not provided) PBT associated with a decreased risk of non-classic radiation induced liver disease: OR 0.26 (95% CI 0.08 to 0.86), p=0.03 [modality difference persisted in multivariable models controlling for prognostic variables] Development of non-classic radiation induced liver disease at 3 months was associated with worse OS (HR 3.83 (95% CI 2.12 to 6.92), p<0.001) Incidence of death from liver failure among patients who died without disease progression (n=36): 53.3% (8/15) vs. 90.5% (19/21); RR 0.59, (95% CI 0.36 to 0.97) [calculated by AAI]
	Mortality, % (n/N) • All-cause: 31% (15/49) vs. 25% (21/84) [All died without evidence of disease progression]		

CI = Confidence Interval; COI = Conflict of Interest; GI = Gastrointestinal; HCC = Hepatocellular carcinoma; LC = Local control; NR = not reported; NS = Not significant; OS = Overall survival; PBT = Proton beam therapy; PFS = Progression free survival; RoB = Risk of Bias; TACE = transarterial chemoembolization

*At the time of transplantation, the explanted liver was evaluated for residual tumor and was categorized as complete pathologic response, microscopic residual disease, or gross residual disease. A pathologic complete response was defined as no evidence of disease in the explanted liver at time of transplantation.

APPENDIX I. Lung

Appendix Table I1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in lung cancers

USA	Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Veripheral 20.0/0 Distant Metastasis-Free	Chang 2017a Prospective Case Series High RoB USA Funding: This research was supported in part by National Cancer Institute grant P01 CA021239, NCI Cancer Center Core Support Grant CA016672, and NCI Clinical and Translational Science Award UL1 RR024148 to MD Anderson. COI: None declared.	Lung (early stage T1 or T2 NSCLC) Indication: curative	Male: 45.7% Mean Age (range): 73 (66 to 83) years T Status T1: 34.3% T2: 57.2% T3: 8.6% Tumor histological type: Squamous cell carcinoma: 48.5% Adenocarcinoma: 31.4% Squamous cell carcinoma & adenocarcinoma & adenocarcinoma: 2.9% Neuroendocrine carcinoma: 2.9% Non-small cell carcinoma: 14.3% Tumor Location central or superior:	PBT Median Total PBT Dose: 87.5 Gy (RBE) in 35 2.5-Gy fractions over 7	(95% CI): 83.1 months (69.2 to 97.1	Survival OS (95% CI) 1-year: 85.7% (NR) 2-year: 60% (NR) 3-year: 42.9% (NR) 5-year: 28.1% (NR) Median Duration (range): 33.2 mos (NR) PFS (95% CI) 1-year: 80% 2-year: 64.4% 3-year: 53.6% 5-year: 53.6% Local Recurrence-Free Survival 1-year: 97.1% 3-year: 85% Fegional Recurrence-Free Survival 1-year: 96.9% Regional: 96.9% 3-year: 89.2%	Toxicity Grading Criteria: CTCAE version 4.0 General Toxicities, % (n/N) Grade 2 Dermatitis: 51.4% (18/35) Radiation Pneumonitis: 11.4% (4/35) Esophagitis: 2.9% (1/35) Rib Fracture: 2.9% (1/35) Heart Toxicities: 5.7% (2/35) Chest Wall Pain: 2.9% (1/35) Grade 3: Radiation Pneumonitis: 2.9% (1/35) Dermatitis: 2.9% (1/35)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		Median Gross Tumor: 42.9 (4.2 to 435) cm ³			• 1-year: 85.7% • 3-year: 62.2% • 5-year: 54.4%	
					Recurrence/Progression, % (n/N) • overall: 42.9% (15/35) -local and distant: 11.4% (4/35) -local only: 0% (0/35) -regional and distant: 2.9% (1/35) -regional only: 5.7% (2/35) -distant only: 22.9% 8/35) • Sites of Metastases: -liver: 14.3% (5/35) -brain: 8.6% (3/35) -lung: 8.6% (3/35) -adrenal gland: 5.7% (2/35) -bone: 5.7% (2/35) -pleura: 2.9 (1/35)	
Chang 2017b	Diagnosis:	N=64	Passive Scatter	Median	Survival	Harms
Prospective Case Series	Lung (locally advanced unresectable NSCLC)	Male, %: 66% Median Age (range): 70 (37 to 78) years	PBT with concurrent chemotherapy	F/U (range): 27.3 mos (NR)	OS (95% CI) • 5-year: 29% (18% to 41%) • Median OS (range): 26.5	Toxicity Grading Criteria: CTCAE version 3.0 Acute Toxicities: ≤3 mos Late Toxicities: >3 mos
High RoB			Total PBT Dose:		mos (NR)	Acute toxicities, % (n/N)
USA	Indication: Curative intent	Histology:squamous cell carcinoma: 44%	74 Gy(RBE)	Median Survivor F/U	PFS (95% CI) • 5-year: 22% (12% to 32%)	Pulmonary ■ Grade 1: -cough: 42% (27/64)
Funding: This study was supported in		• adenocarcinoma: 39%		(range): 79.6 mos (NR)	Locoregional Recurrence (95% CI)	-dyspnea: 25% (16/64) -pleural effusion: 2% (1/64) -pneumonitis: 6.2% (4/64)
part by National Cancer Institute		 NSCLC (not otherwise specified): 17% 		(1417)	• 5-year: 28% (18% to 43%)	-wheezing: 3.1% (2/64) • Grade 2:
grants P01					Distant Metastasis (95% CI)	-Lobary atelectasis: 3.1% (2/64)

Author (year), Study Site Condition Populati	on Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
CA021239 and CA16672; funder had no role in design and conduct of study COI: One author reports receipt of research funds and honoraria from Varian and is a shareholder in Global Oncology One	% 2: 58% 4: 42% N1: 9% N3: 91% KPS (range):		• 5-year: 54% (40% to 68%) Recurrence/Progression, % (n/N): • local: 16% (10/64) • regional: 14% (9/64) • distant: 48% (31/64) Mortality • all-cause: 73.4% (47/64)	-cough: 3.1% (2/64) -dyspnea: 16% (10/64) -hemoptysis: 2% (1/64) -pleural effusion: 3.1% (2/64) -pneumonitis: 2% (1/64) • Grade 3: -cough: 3.1% (2/64) -dyspnea: 6.2% (4/64) • Grade 4: 0% (0/64) • Grade 5: 0% (0/64) • Grade 5: 0% (0/64) Gastrointestinal • Grade 1: -Constipation: 3.1% (2/64) -dysppepsia: 2% (1/64) -dysphagia: 39% (25/64) -esophagitis: 2% (1/64) • Grade 2: -Constipation: 6.2% (4/64) -diarrhea: 5% (3/64) -dyspepsia: 2% (1/64) -dysphagia: 11% (7/64) -esophagitis: 28% (18/64) -gastritis: 2% (1/64) -nausea: 10% (7/64) -odynophagia: 6.2% (4/64) -vomiting: 3.1% (2/64) • Grade 3: -esophageal stricture: 2% (1/64) -nausea: 2% (1/64)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						 Grade 5: 0% (0/64) Cardiac Grade 1: -Arrhythmia (grade 1): 2% (1/64) -Tachycardia (grade 1): 2% (1/64) Grade 2: -Tachycardia (grade 2): 3.1% (2/64) -Arrhythmia (grade 2): 2% (1/64) -Palpitations (grade 2): 2% (1/64) Grade 3: 0% (0/64) Grade 4: 0% (0/64) Grade 5: 0% (0/64)
						Hematologic toxicities • Grade 1: -Anemia: 25% (16/64) -leukopenia: 17% (11/64) -thrombocytopenia: 28% (18/64) -thrombocytopenia: 8% (5/64) • Grade 2: -leukopenia: 47% (30/64) -neutropenia: 8% (5/64) -Blood urea nitrogen increase: 3.1% (2/64) -Elevated creatinine: 2% (1/64) -Anemia: 16% (10/64) -Hypocalcemia: 2% (1/64) -Hypomagnesemia: 2% (1/6) • Grade 3: -Anemia: 5% (3/64) -Hyponatremia: 5% (3/64) -hypotension: 2% (1/64) -leukopenia: 22% (14/64) -neutropenia: 5% (4/64)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						• Grade 4:
						-leukopenia: 1.6% (1/64)
						• Grade 5: 0% (0/64)
						Acute General toxicities
						• Grade 1:
						-Anorexia : 3.1% (2/64)
						-Dermatitis : 38% (24/64)
						-Dizziness : 2% (1/64)
						-Fatigue : 5% (3/64)
						-Pain : 5% (3/64)
						-Pruritus : 2% (1/64)
						-Rash: 2% (1/64)
						-Sourness : 2% (1/64)
						-Weight loss : 19% (12/64)
						• Grade 2:
						-Anorexia : 8% (5/64)
						-Dehydration : 6% (4/64)
						-Dermatitis : 34% (22/64)
						-Dizziness : 2% (1/64)
						-Fatigue : 19% (12/64)
						-Fever : 5% (3/64)
						-Pain : 14% (9/64)
						-Weight loss :3.1% (2/64)
						• Grade 3:
						-Dehydration : 6% (4/64)
						-Dermatitis : 8% (5/64)
						-Fatigue : 9% (6/64)
						-Fever : 3.1% (2/64)
						-Hyperpigmentation : 5% (3/64)
						-Pain : 3.1% (2/64)
						-Weight loss : 5% (3/64)
						• Grade 4: 0% (0/64)
						• Grade 5: 0% (0/64)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						Acute other toxicities Grade 1: -Alopecia: 2% (1/64) Grade 2: -Anxiety: 2% (1/64) -Candidiasis: 3.1% (2/64) -Infection: 2% (2/64) -Insomnia: 2% (1/64) -Muscle weakness: 2% (1/64) -Peripheral motor neuropathy: 3.1% (2/64) -Peripheral sensory neuropathy: 3.1% (2/64) Grade 3: -Candidiasis: 2% (1/64) -Infection: 2% (1/64) -Infection: 2% (1/64) Grade 4: 0% (0/64) Grade 5: 0% (0/64)
						Late Toxicities, % (n/N) Late Pulmonary Grade 1: -cough: 3.1% (2/64) -dysphagia: 2% (1/64) -pleural effusion: 23% (15/64) -pleural effusion: 23% (2/64) -pulmonary hemoptysis: 2% (1/64) Grade 2: -Lobary atelectasis: 5%% (3/64) -lung atelectasis: 2\$ (1/64) -cough: 9% (6/64) -dyspnea: 9% (6/64) -bronchial stricture: 3.1% (2/64) -pleural effusion: 9% (6/64) -pneumonitis: 16% (10/64) -wheezing: 2% (1/64)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						 Grade 3: -dyspnea: 3.1% (2/64) -pleural effusion: 3.1% (2/64) -pneumonitis: 12% (8/64) Grade 4: -dyspnea: 2% (1/64) -bronchial fistula: 2% (1/64) Grade 5: 0% (0/64)
						Late Gastrointestinal toxicities, • Grade 1: -nausea: 2% (1/64) • Grade 2: -esophagitis: 5% (3/64) -esophageal stricture: 2% (1/64) -nausea: 2% (1/64) • Grade 3: -esophagitis: 2% (1/64) • Grade 4: -esophagitis: 2% (1/64) • Grade 5: 0% (0/64)
						Late cardiac toxicities, % (n/N) Grade 2: -arrhythmia: 6% (4/64) -pericardial effusion: 3.1% (2/64) Grade 3: -pericardial effusion: 3.1% (2/64) -tachycardia: 2% (1/64) Grade 4: 0% (0/64) Grade 5: 0% (0/64)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						Late hematologic/electrolyte toxicities • Grade 1: -anemia: 3.1% (2/64) -leukopenia: 2% (1/64) • Grade 2: -anemia: 5% (3/64) • Grade 3: -anemia: 2% (1/64) -leukopenia: 2% (1/64) • Grade 4: 0% (0/64)
						 Grade 5: 0% (0/64) Late General toxicities Grade 1: -dermatitis: 2% (1/64) -dizziness: 2% (1/64) -weight loss: 5% (3/64) Grade 2: -dehydration: 2% (1/64) -weight loss: 8% (8/64) Grade 3: -dermatitis: 2% (1/64) -fatigue: 2% (1/64) -weight loss: 2% (1/64) Grade 4: 0% (0/64) Grade 5: 0% (0/64)
						Late other toxicities, % (n/N) • Grade 1: -alopecia: 2% (1/64) -peripheral motor neuropathy: 2% (1/64) • Grade 2: 0% (0/64) • Grade 3: 0% (0/64) • Grade 4: 0% (0/64)

Survival OS (95% CI) • 1-year: 59% (NR) • 2-year: 43% (NR)	• Grade 5: 0% (0/64) Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: ≤3 mos Late Toxicities: >3 mos
OS (95% CI) • 1-year: 59% (NR)	Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: ≤3 mos
 Median OS: 14.9% (NR) PFS (95% CI) 1-year: 58% (NR) 2-year: 38% (NR) Recurrence/Progression, % (n/N) local: 16% (9/57) regional: 9% (5/57) distant: 11% (6/57) Mortality all-cause: 42% (24/57) due to toxicities: 10.5% (6/57) 	Rate of any grade ≥2 toxicity • 1Y: 55% Acute Toxicity, % (n/N) Grade ≥3: 39% (22/57) Late Toxicity, % (n/N) • Grade ≥3: 12% (7/57) • Grade 4: -neutropenia: 5.3% (3/57) -pericardial effusion: 1.8% (1/57) • Grade 5: 10.5% (6/57) - Bronchopulmonary Hemorrhage: 1.8% (1/57) - Neutropenic sepsis: 1.8% (1/57) - Anorexia(probably RT-related): 1.8% (1/57) - Pneumonitis(probably RT-related): 1.8% (1/57) - Hypoxic respiratory failure/pleural effusion: 1.8% (1/57) - Tracheoesophageal Fistula (probably RT-related): 1.8% (1/57)
	 1-year: 58% (NR) 2-year: 38% (NR) Recurrence/Progression, % (n/N) local: 16% (9/57) regional: 9% (5/57) distant: 11% (6/57) Mortality all-cause: 42% (24/57) due to toxicities: 10.5%

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Hatayama 2016 Retrospective case series High RoB Japan Funding: NR COI: None declared Two of the 50 patients had an extra tumor each.	Diagnosis: Lung (peripheral stage I NSCLC) Indication: Curative intent	Unknown: 7% M Status • M0: 89% • M1: 11% Concurrent Chemotherapy: • yes: 68% N=50 Male: 70% Median Age (range): 72.5 (54 to 87) years Stage • IA: 85% • IB: 15% Histology • Adenocarcinoma: 44% • Squamous cell carcinoma: 12% • Large cell carcinoma: 2% • Clinical malignancy: 42%	PBT Total PBT Dose: 66 GyE	Median F/U (range): 22.8 (5.6 to 60.1) mos	Os (95% CI) • 3-year: 87.9% (73.2% to 94.8%) PFS (95% CI) • 3-year: 76.3% (86.9% to 59.3%) Local Control (95% CI) • 3-year: 95.7% (95% CI, 98.9%-83.8%) Treatment Response, % (n/N): • CR: 23% (12/52 tumors) Recurrence/Progression, % (n/N): • local: 4% (2/50) • distant: 18% (9/50) Mortality, % (n/N) • All-cause: 10% (5/50) -disease progression: 2%	Harms Toxicity Grading Criteria: CTCAE version 4.0 Acute Toxicities: ≤6 mos Late Toxicities, % (n/N) Grade 1: -Pneumonitis: 84% (42/50) -dermatitis: 66% (33/50) Grade 2: -Pneumonitis: 2% (1/50) -dermatitis: 6% (3/50) Grade 3-5: -pneumonitis: 0% (0/50) Late Toxicities, % (n/N) Grade ≤2: -rib fractures (in-field): 29% (15/50) Grade 3-5: -rib fracture: 0% (0/50)
					(1/50) -other (not specified): 8% (4/50)	

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Ishikawa 2016	Diagnosis:	N=52	PBT	Median	NR	Harms
	Lung (stage I			F/U		Toxicity Grading Criteria: CTCAE version 4.0
Retrospective	NSCLC)	Male: 63.5%	Total Dose PBT	(range):		Acute Toxicities: ≤6 mos
case series		Median Age (range):	(peripheral	33 (11 to		Late Toxicities: >6 mos
	Indication:	78 (61 to 89) years	tumors, n=27):	50) mos		
High RoB	Curative		66 Gy			Incidence of Grade 2 Rib Fracture
	Intent	Tumor Size (range):				• 3-year (95% CI): 30.2% (95% CI 14.9 to
Japan		24.55 (10 to 48) mm	Total Dose PBT			52.1%)
			(tumors adjacent			Median Time to Rib Fracture (range):17 (9 to
Funding: NR		Stage	to proximal			29) mos
COI: None		• 1A: 75%	bronchial tree,			
declared		• 1B: 25%	esophagus or			Rib Fracture, % (n/N)
			heart, n=25):			• Grade 2: 23.1% (12/52)
		Histology	80 Gy			• Grade 3: 0% (0/52)
		Adenocarcinoma:				• Grade 4: 0% (0/52)
		50%				11 ac 11 a 7 a (a) a 2 j
		Squamous cell carcinoma: 19.2%				
		Carcinoma: 19.2%				
		• bronchioloalveola				
		r carcinoma: 5.8%				
		• ground glass				
		opacity: 25%				
Kanemoto 2014	Diagnosis:	N=74	PBT	Median	Survival	Harms
Kallellioto 2014	Lung (stage I	11-74	PDI	F/U	Survivar	Toxicity Grading Criteria: CTCAE version 4.0
Retrospective	NSCLC)	Male: NR	Total Dose PBT	(range):	OS (95% CI)	and RTOG/EORTC late radiation scheme
case series	113626)	Median Age (range):	(peripheral	31 (7.3 to		Acute Toxicities: ≤3 mos
	Indication:	75 (51 to 86) years	tumors, n=):	104.3)	• 3-year: 76.7% (NR)	Late Toxicities: >3 mos
High RoB	Curative	(0 = 00 00) 1000	66 Gy(RBE)	mos	• 5-year: 65.8% (NR)	
3	Intent	Comorbidities	- / · · -/			
Japan		 cardiovascular 			PFS (95%CI)	Acute Toxicities, % (n/N)
·		disease: 21.6%	Total Dose PBT		• 3-year: 58.6% (NR)	• Grade 2:
Funding: partly		 respiratory 	(centrally located		• 5-year: 52.5% (NR)	-skin reaction: 2.7% (2/74)
supported by		disease: 44.6%	tumors, n=):		,	-esophagitis: 1.4% (1/74)
the "Funding		other cancers:	72.6 Gy(RBE)			• Grade 3:
Program for		43.2%				

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
World-Leading					Disease Specific Survival	-pneumonitis: 1.4% (1/74)
Innovative R&D		Disease Status			(95% CI)	
on Science and		Single Tumor:			• 3-year: 83.0% (NR)	Late Toxicities, % (n/N)
Technology		82%			• 5-year: 73.8%(NR)	• Grade 3:
(FIRST		2 tumor masses:			, , , , ,	-pneumonitis: 1.4% (1/74)
Program),"		8%			Local Control (95% CI)	-skin ulcer: 1.4% (1/74)
initiated by the					• 3-year: 81.8% (NR)	• Grade 4:
Council for		Median Tumor			• 5-year: 81.8% (NR)	-rib fracture: 14.9% (11/74)
Science and		Diameter (range):			- ,	, , ,
Technology		22 (10 to 48) mm			Local Control [Central	
Policy (CSTP),					Tumors] (95% CI)	
and by a Grand-		Histology			• 3-Year: 63.9%	
in Aid for		Adenocarcinoma:				
Scientific		40%			Local Control [peripheral	
Research from		 Squamous cell 			tumors] (95% CI)	
the Japanese		carcinoma: 33%			• 3-Year: 88.4%	
Society for the Promotion of		Non-small-cell				
Science,		carcinoma: 8%			Recurrence/Progression, %	
Tokyo, Japan (B)		Unproven: 20%			(n/N)	
24390286					• overall: 40.5% (30/74)	
24330200		Tumor Location			Sites of Recurrence:	
COI: None		 Centrally located 			-local: 11	
declared		tumor: 26%			-regional lymph nodes: 16	
deciared		 Peripherally 			-lungs: 6	
		located tumor:			-other: 15	
		74%				
					Mortality, % (n/N)	
					• All-cause: 25.7% (19/74)	
Lee 2016	Diagnosis:	N=55	PBT	Median	OS (95% CI)	Harms
	Lung (stage I			F/U	• 3-year: 54.9%	Toxicity Grading Criteria: CTCAE version 3.0
Retrospective	and	Male: 78%	Total Dose PBT	(range):	 Median OS: 48.6 (4 to 95) 	
case series	recurrent	Median Age (range):	(range):	29	mos	General toxicities, % (n/N)
	NSCLC)	75 (47 to 89) years	NR (50 to 72) CGE	(4 to 95)		• Grade 1:
High RoB				mos	Lymph Node Metastasis Free	-Pulmonary: 45.5% (25/55)
	Indication:	Histology			Survival (95% CI)	-atelectasis: 3.6% (2/55)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
South Korea	Mixed	adenocarcinoma:			• 3-year: 78.4% (NR)	-Chest pain: 16.4% (9/55)
	(Curative	44%				-skin (dermatitis): 3.6% (2/55)
Funding: This	Intent, 77%;	 squamous cell 			Distant Metastasis Free	-gastrointestinal bleeding: 0% (0/55)
study was	and Salvage,	carcinoma:40%			Survival (95% CI)	-rib fracture: 0% (0/55)
supported by a	23%)	 Non-small cell 			• 3-year: 76.5%	• <u>Grade 2:</u>
National Cancer		lung cancer not				-Pulmonary: 12.7% (7/55)
Center Grant		specified: 9%			Local Control (95% CI)	-soft tissue fibrosis: 7.2% (4/55)
(NCCCTS10494)		not confirmed:			• 3-year: 85.4% (NR)	-atelectasis: 9.1% (5/55)
		7%			Median Time to Local	-Chest pain: 14.5% (8/55)
COI: None					Progression (range): 9.3 (5	-skin (dermatitis): 1.8% (1/55)
declared		ECOG			to 14) mos	-gastrointestinal bleeding: 3.6% (2/55)
		• 0:25%				-rib fracture: 5.5% (3/55)
		• 1: 67%			Recurrence/Progression, %	• <u>Grade 3:</u> 0% (0/55)
		• 2: 7%			(n/N)	• <u>Grade 4:</u> 0% (0/55)
					• local: 12.7% (7/55)	• <u>Grade 5:</u> 1.8% (1/55)
		Tumor Location:				-symptomatic idiopathic pulmonary
		• central: 24%			Mortality, % (n/N)	fibrosis: 1.8% (1/55)
		peripheral: 76%			• all-cause: 43.6% (24/55)	
					-disease progression: 20%	
					(11/55)	
					-other causes (unknown):	
				ļ	23.6% (13/55)	
Makita 2015	Diagnosis:	N=56	PBT	Median	Survival	Harms
	Lung (stage I			F/U	22 (22)	Toxicity Grading Criteria: CTCAE version 4.0
Retrospective	NSCLC)	Male: 64.3%	Total Dose	(range):	OS (95% CI)	Acute Toxicities: timeframe NR
case series	In all and and	Median Age (range):	(range)	33.7	• <u>3-year</u> : 81.3% (75.9 to	Late Toxicities: timeframe NR
III-b DaD	Indication:	77 (61 to 89) years	peripheral	(4.6 to	86.7%)	
High RoB	Curative	Histology	tumors: 66 Gy(RBE) in 10	57.5) mos	DEC (050/ CI)	Acute toxicities 9/ (n/N)
lanan	Intent	Histologyadenocarcinoma:	fractions over 2		PFS (95% CI)	Acute toxicities, % (n/N)
Japan		64.3%	weeks		• <u>3-year:</u> 73.4% (67.2 to 79.6%)	• <u>Grade 1:</u> -dermatitis: 46.4% (26/56)
Funding: NR		• squamous cell	AACCU2		/9.0%)	-esophagitis: 1.8% (1/56)
i alialiig. Wit		carcinoma: 17.9%	Total Dose		Local Control (95% CI)	• Grade 2:
COI: None		• unknown: 17.9%	(range) central		• 3-year: 96.0% (93.2 to	-dermatitis: 17.9% (10/56)
declared		• ulikilowii. 17.9%	tumors: 80		98.8%)	-esophagitis: 0% (0/56)
		ECOG	Gy(RBE) in 25		30.070)	• Grade 3:

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
Study composed		• 0: 69.6%	fractions in 5		Recurrence/Progression, %	-dermatitis: 1.8% (1/56)
of two cohorts		• 1: 23.2%	weeks		(n/N)	-esophagitis: 0% (0/56)
receiving		• 2: 7.1%			• local: 3.6% (2/56)	• <u>Grade 4</u> : 0% (0/56)
different doses					regional: 5.4% (3/56)	• <u>Grade 5</u> : 0% (0/56)
of PBT (for		Indication			distant: 8.9% (5/56)	
peripheral or		inoperable:			 carcinomatous pleuritis: 	
centrally located		76.8%			3.6% (2/56)	
tumors), data		refused surgery:				Late toxicities, % (n/N)
reflects		23.2%				• <u>Grade 1</u> :
combined						-soft tissue damage: 14.3% (8/56)
results of all		Tumor Location				-rib fracture: 17.9% (10/56)
patients.		upper right:				-radiation pneumonitis: 53.6% (30/56)
		17.9%				-pericardial effusion: 0% (0/56)
		middle right:				• <u>Grade 2</u> :
		1.8%				-soft tissue damage: 3.6% (2/56)
		lower right:				-rib fracture: 17.9% (10/56)
		19.6%				-radiation pneumonitis: 16.1% (9/56)
		 upper left: 35.1% 				-pericardial effusion: 1.8% (1/56)
		• lower: 24.6%				• <u>Grade 3</u> :
						-soft tissue damage: 0% (0/56)
						-rib fracture: 0% (0/56)
						-radiation pneumonitis: 1.8% (1/56)
						-pericardial effusion: 0% (0/56)
Nguyen 2015	Diagnosis:	N=134	Passive scatter	Median		Harms
	Lung (stage		PBT	F/U	OS (95% CI)	Toxicity Grading Criteria: CTCAE version 3.0
prospective case	II and III	Male: 54.5%		(range):	Median OS (Stage II): 40.4	
series	NSCLC)	Median Age (range):	Maximum Dose	56.4 (NR)	mos	General toxicities, % (n/N)
		69 (NR) years	(range): 74 (60 to	mos	Median OS (Stage III): 30.4	• <u>Grade 0</u> :
High RoB	Indication:		74.1) Gy(RBE)		mos	-radiation pneumonitis: 51% (68/134)
	Curative	Histology				-esophagitis: 51% (69/134)
	Intent	• Squamous: 44%			DFS (95% CI)	-dermatitis: 55% (74/134)
		non squamous:			• 5-year (Stage II): 17.3%	• Grade 1:
Funding: NR		56%			(NR)	-radiation pneumonitis: 26% (35/134)
					• 5-year (Stage III): 18% (NR)	-esophagitis: 19% (25/134)
COI: None						-dermatitis: 25% (33/134)
declared						• <u>Grade 2</u> :

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
		squamous cell carcinoma: 48.5%adenocarcinoma: 48.5%			• lung metastasis outside treatment field: 17.1% (6/35)	• grade 5: -pneumonitis: 0% (0/35) -rib fracture: 0% (0/35) -dermatitis radiation: 0% (0/35)
		• NSCLC: 3% Median Diameter of lung Tumor (range): 32 (10 to 67) mm			Mortality, % (n/N): • all-cause: 48.6% (17/35) -disease progression: 25.7% (9/35) -newly diagnosed cancer: 11.4% (4/35) -other diseases: 11.4% (4/35)	
Rwigema 2017	Diagnosis:	N=30	Double scattering	Median	OS (95% CI)	Harms
prospective case series	Lung (limited state small cell lung	Male: 30% Median Age (range):	(86.7%), uniform scanning (10%), or pencil beam	F/U (range): 14 (2 to	1-year: 71.5% (NR)2-year: 57.6% (NR)Median OS: 28.2 mos (NR)	Toxicity Grading Criteria: CTCAE version 4.0 Hematological Toxicities, % (n/N)
High RoB	cancer, LS- SCLC)	68 (57 to 81) ECOG	scanning (3.3%) PBT with concurrent	42) mos	Recurrence Free Survival (95% CI)	Grade 1: -thrombocytopenia: 3.3% (1/30)Grade 2:
USA	Indication: Curative	0: 40%1: 50%	chemotherapy		• 1-year: 63% (NR) • 2-year: 42% (NR)	-low hemoglobin levels: 33.3% (10/30) -thrombocytopenia: 3.3% (1/30)
Funding: None reported.	Intent	2: 6.7%3: 3.3%	Median PBT Dose (range): 63.9 (45 to 66.6)		Median Recurrence Free Survival: 14.3 mos (NR)	-lymphopenia: 6.7% (2/30) • Grade 3:
COI: None declared.		Prior Malignancy NSCLC: 16.7% breast cancer: 10%	CGE in 33 to 37 fractions daily or twice daily		Local Control (95% CI) 1-year: 85% (NR) 2-year: 68.6% (NR)	-low hemoglobin levels: 23.3% (7/30) -neutropenia: 20% (6/30) -thrombocytopenia: 10% (3/30) -lymphopenia: 10% (3/30) • Grade 4:
response only available for n=27 patients.		 bladder cancer: 10% cervical cancer: 3.3% 			Treatment Response, % (n/N) • CR: 40.7% (11/27) • PR: 55.6% (15/27)	-neutropenia: 20% (6/30) -febrile neutropenia: 3.3% (1/30) -lymphopenia: 33.3% (10/30)
		• colon cancer: 3.3%			• SD: 3.7% (1/27)	non-hematological toxicities, % (n/N) • grade 1: -cough: 46.7% (14/30) -dyspnea:43.3 % (13/30)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
					Recurrence/Progression, % (n/N) • local: 6.7% (2/30) • in-field: 16.7% (5/30) • locoregional (outside field): 20% (6/30) • -distant: 23.3% (7/30)	-pneumonitis: 26.7% (8/30) -pleural effusion: 10% (3/30) -pericardial effusion: 0% (0/30) -dermatitis: 56.7% (17/30) -esophagitis: 33.3% (10/30) -fatigue: 40% (12/30) -anorexia: 30% (9/30) • grade 2: -cough: 3.3% (1/30) -dyspnea: 20% (6/30) -pneumonitis: 10% (3/30) -pleural effusion: 6.7% (2/30) -pericardial effusion: 0% (0/30) -dermatitis: 10% (3/30) -esophagitis: 43.3% (13/30) -anorexia:13.3 % (4/30) • grade 3: 3.3% (1/30) -cough: 0% (0/30) -dyspnea: 0% (0/30) -pleural effusion: 3.3% (1/30) -pleural effusion: 3.3% (1/30) -preumonitis: 3.3% (1/30) -preicardial effusion: 3.3% (1/30) -dermatitis: 0% (0/30) -fatigue: 0% (0/30) -anorexia: 3.3% (1/30) -grade 4: 3.3% (1/30) -cough: 0% (0/30) -pneumonitis: 0% (0/30) -pneumonitis: 0% (0/30) -preicardial effusion: 0% (0/30) -pleural effusion: 0% (0/30) -pleural effusion: 0% (0/30) -preicardial effusion: 0% (0/30) -pleural effusion: 0% (0/30) -pericardial effusion: 0% (0/30) -fatigue: 0% (0/30)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
						-anorexia: 0% (0/30) • grade 5: 0% (0/30) -cough: 0% (0/30) -dyspnea: 0% (0/30) -pneumonitis: 0% (0/30) -pleural effusion: 0% (0/30) -pericardial effusion: 0% (0/30) -dermatitis: 0% (0/30) -esophagitis: 0% (0/30) -fatigue: 0% (0/30) -anorexia: 0% (0/30)
Moreno 2018	Diagnosis:	N=506	PBT Modality:	Median	5-year OS (95% CI)	NR
	NSCLC		NR	F/U:	• Stage I: 36% (95% CI NR)	
Retrospective		Median Age		- Cancer Commu	• Stage II: 34% (95% CI NR)	
case series	Indication:	(range): 70 (42 to	Median PBT	nity	Stage II: 23% (95% CI NR)Stage IV: 5% (95% CI NR)	
	Curative	89) years	Dose	Program	• Stage IV. 5% (95% CLINK)	
High RoB	Intent	14 1 500/	- Cancer Community	: 23.5	Effect of Radiation dose	
		Male: 53%	Program: 60 Gy	months	on OS, HR (95% CI) [<60	
USA			Academic/Resear	Academic	Gy as referent]	
_ "		Race	ch Facilities: 66.6	/Researc	• 60 to 64 Gy: 1.18 (0.77 to	
Funding: NR		White: 88%	Gy	h	1.8), p=0.459	
COL tavara II		Black: 6%		Facilities:	• 65 to 69 Gy: 1.45 (0.87 to	
COI: teven H.		Other: 6%		15.2	2.42), p=0.159	
Lin, MD, PhD,		Como o ubi ditu. Co		months	≥70 Gy: 0.63 (0.41 to 0.95),	
has received		Comorbidity Score			p=0.027	
research		0: 66% 1: 22%				
funding from Elekta, STCube		1: 22% ≥2: 12%				
Pharmaceutical		∠∠. 1∠70				
		Tumor Stage				
s, Peregrine,		I: 25%				
Hitachi		II: 13%				
Chemical Inc,		III: 47%				

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Primary/Secondary Outcomes	Safety
and		IV: 16%				
Roche/Genent						
ech; has served		Primary Tumor				
as consultant		Location				
for		Left Upper Lobe:				
AstraZeneca;		27%				
and has		Left Lower Lobe:				
received		12%				
honoraria from		Right Upper Lobe:				
US Oncology		29%				
and ProCure.		Right Middle				
All other		Lobe: 3%				
authors have		Right Lower Lobe:				
no conflicts of		14%				
interest to		Other/Unknown:				
disclose.		14%				
		Chemotherapy:				
		67%				
		Surgery: 13%				
		Lobectomy: 8%				
		Pneumonectomy:				
		1%				
		Other/unknown:				
		5%				

CGE = Cobalt Gray Equivalent; CI = confidence interval; cm = centimeter; COI = conflict of interest; CTCAE = Common Terminology Criteria for Adverse Events; DFS = Disease Free Survival; ECOG = Eastern Cooperative Oncology Group; EORTC = European Organszation for Research and Treatment of Cancer; F/U = follow-up; Gy = Gray (unit); GyE = Gray Equivalent; Gy(RBE) = Gray (Relative Biological Equivalent); KPS = Karnofsky Performance Score; LS-SCLC = Limited State Small-Cell Lung Cancer mos = months; NR = not reported; NSCLC = non-small-cell lung cancer; OS = overall survival; PBT = proton beam therapy; PFS = progression free survival; ROB = risk of bias; RT = radiation therapy; RTOG = Radiation Therapy Oncology Group

Appendix Table I2. Study characteristics and patient demographics: <u>comparative studies</u> of proton beam therapy in <u>lung cancers</u>

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
RCTs							
Randomized Controlled Trial Moderately High USA Bayesian Adaptive RCT: initial 20 patients randomly assigned (20 per arm); subsequent patients underwent adaptive random assignment, with the randomization probability proportional to the 1-year failure rate in each arm	enrolle d, 181 eligible, 149 analyze d and treated , 173 ITT; 149 per- protocl /as random ized/an alyzed; 39 not random ly assigne d	As randomized population: PBT (n=57) Passive scatter with concurrent chemotherapy Mean Lung Dose (range): 16.1 (6.9-22.1) Gy(RBE) Mean Esophagus Dose (range): 23.6 (0.04-49.9) Gy(RBE) Mean Heart Dose (range): 5.9 (0.4-21.1) Gy(RBE) IMRT (n=92) with concurrent chemotherapy Mean Lung Dose (range):	Inclusion: Patients ≥18 years old; stage II to IIIB NSCLC, or stage IV NSCLC with a single brain metastasis or isolated tumor recurrence after surgical resection that could be treated definitely with concurrent chemoradiation; KPS≥ 70; baseline pulmonary function of forced expiratory volume in 1 second ≥ 1 L; patients who had received systemic chemotherapy (regardless of response before enrollment) were also eligible Exclusion: NR Indication: Curative Intent	PBT vs. IMRT (randomized group, n=149) N=57 vs. 92 Male: 22% vs. 32% Median Age (range): 67 (39 to 78) vs. 66 (33 to 85) years KPS	Median F/U, all patients (range): 25.7 (NR) vs. 24.1 months Median F/U, survivors (range): 48.8 (NR) months vs. 36.4 % F/U [overall]: 54.8% (149/272) % F/U [randomized]: 87.6% (92/105) vs 75% (57/76)	Local Failure Harms	Funding: Supported by National Cancer Institute Grants No. P01 CA021230, U19 CA021239, and P30 CA016672. COI: One or more authors declare relationships (honoraria, travel and accommodations, speakerships, consulting or advisory roles, research funding, and/or stock or other ownerships) with various industry corporations (see full details in study) Notes: 272 patients signed informed consent and were

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		16.6 (0.4-22.7) Gy(RBE) Mean Esophagus Dose (range): 26.9 (3.36-47.62) Gy(RBE) Mean Heart Dose (range): 10.1 (0.6-34.6) Gy(RBE) ITT population: PBT (n=72) with concurrent chemotherapy Mean Lung Dose (range): 17.2 (6.9-22.24) Gy(RBE) Mean Esophagus Dose (range): 23.8 (0.04-49.9) Gy(RBE) Mean Heart Dose (range): 6.9 (0.4-23.4) Gy(RBE)		0.1% vs. 6% PBT vs. IMRT (ITT population, n=173) N=72 vs. 101 Male: 25% vs. 31% Median Age (range): 66 (37 to 78) vs. 66 (33 to 85) years KPS • ≤80: 27.2% vs. 39.3% • ≥90: 14.4% vs. 19.1% Smoking History • never: 2.3% vs. 5.2% • ever: 39.3% vs. 53.2% Induction Chemotherapy: 27.7% vs. 39.9% Histology • Adenocarcinoma: 21% vs. 31% • Squamous Cell Carcinoma: 15% vs. 20% • NSCLC (unspecified): 5% vs. 4% • Large Cell: 0.6% vs. 1% • Other: 0% vs. 1.7% Stage • IIA/B: 5% vs. 4% • IIIA: 16% vs. 28% • IIIB: 17% vs. 18% • IV: 3% vs. 3% Recurrence: 1% vs. 6% PBT vs. IMRT (non-randomized, n=39)			then excluded for a variety of reasons. 225 had plans generated and a further 44 were excluded; 181 with plans that allowed randomization were then randomly allocated and 173 were available for ITT analysis whereas 149 were randomized and treated and used in main analysis.

Study Design RoB Country	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
	IMRT (n=101) with concurrent chemotherapy Mean Lung Dose (range): 16.7 (0.4-22.7) Gy(RBE) Mean Esophagus Dose (range): 27.4 (3.4-47.6) Gy(RBE) Mean Heart Dose (range): 10.2 (0.6-35.8) Gy(RBE) Non-randomized population: PBT (n=13) with concurrent chemotherapy Mean Lung Dose (range): 20.5 (4.2 to 22.8) Gy(RBE) Mean Esophagus Dose (range): 34.7 (16.3 to 59.8) Gy(RBE)		N=13 vs 26 Male: 46.2% vs 50% Median Age (range): 66 (42 to 76) vs. 65 (39 to 79) years KPS • ≤80: 92.3% vs. 76.9% • ≥90: 7.7% vs. 23.1% Smoking History • never: 7.7% vs. 11.5% • ever: 92.3% vs. 88.5% Induction Chemotherapy: 46.2% vs. 46.2% Histology • Adenocarcinoma: 30.8% vs 73.1% • Squamous Cell Carcinoma: 53.8% vs. 15.4% • NSCLC (unspecified): 15.4% vs. 3.8% • Large Cell: 0% vs. 0% • Other: 0% vs. 7.7% Stage • IIA/B: 0% vs. 0% • IIIA: 30.8% vs. 26.9% • IIIB: 61.5% vs. 46.2% • IV: 0% vs. 15.4% Recurrence: 7.7% vs. 11.5%			

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Mean Heart Dose (range): 13.9 (0.4 to 29.4) Gy(RBE) IMRT (n=26) with concurrent chemotherapy Mean Lung Dose (range): 20.4 (3.8 to 26.7) Gy(RBE) Mean Esophagus Dose (range): 35.0 (2.3 to 49.8) Gy(RBE) Mean Heart Dose (range): 14.6 (1.2 to 36.7) Gy(RBE) =					
Cohort studies		-					
Higgins 2017 Retrospective Comparative Cohort (database)	243,82	PBT (n = 348): Median Dose (Range): 60 Gy (NR) Non-proton (n = 243,474):	Inclusion: Patients w/ stage I to IV NSCLC receiving radiation to lungs or chest Exclusion: Patients with missing outcomes	All Male: 56.8% Median Age (range): 68 years Tumor Location: • C340, main bronchus: 6.2%	Proton vs. non- proton Median F/U (range): 39.6 vs. 59.5	OS	Funding: supported in part by the Biostatistics and Bioinformatics Shared Resource of Winship Cancer

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Moderately High USA		Median Radiation Dose (range): 59.4 (NR) Gy Modalities: -External Beam-not otherwise specified (n=44,687) -3D-Conformal (n=36,406) -Photons (n=140,035) -IMRT (n=22,346) • Certain data is reported PBT vs. non-PBT, others are PBT vs. each modality • Propensity score matching was used in two separate multivariate analyses		 C341, upper lobe, lung: 57.2% C342, middle lobe, lung: 3.7% C343, lower lobe, lung: 22.7% C348, overlapping lesion of lung: 1.5% C349, lung, NOS: 8.8% Surgery yes: 12.6% Stage 0 to I: 14.9% II to III: 59.8% IV: 25.3% Histology adenocarcinoma: 30.6% squamous cell carcinoma: 37.6% other: 31.8% Laterality: left: 54.5% right: 37.2% other: 8.3% Chemotherapy yes: 68.4% Mean Tumor Size (SD): 4.9 (4.51) cm³ 	% F/U: unable to be determined*		Institute of Emory University and the National Institutes of Health/National Cancer Institute under award number P30CA138292. COI: None declared Notes:
Niedzielski 2017 Retrospective Comparative Cohort	134	PBT (n=49) Passive scatter Treatment Dose -74 Gy: 71.4% (35/49)	Inclusion: Patients w/ NSCLC Exclusion: Patients who missed multiple weekly 4- dimensional computed	PBT vs. IMRT N = 49 vs. 85 Male: 61.2% vs. 52.9% Median Age (range): 67 (38 to 76) years vs. 65 (43 to 85) years	% F/U: cannot be determined*	Harms	Funding: NR COI: None declared. Notes: Mainly
Colloit		(33/43)	tomography scans or	Histology			contains data on

-66 Gy: 20.4% (10/49) -60 Gy: 8.2% (4/49)	treatment planning data were excluded	• Squamous cell carcinoma: 36.7% vs. 34.1%			*
Treatment Dose -74 Gy: 62.4% (53/85) -66 Gy: 32.9% (28/85) -60 Gy: 4.7% (4/85)		 Adenocarcinoma: 51% vs. 58.8% Large cell carcinoma: 4.1% vs. 3.5% other: 8.2% vs. 3.5% Smoking History current smoker: 53.1% vs. 21.2% former smoker: 42.9% vs. 68.2% never: 4% vs. 10.6% Stage IIA: 4.1% vs. 3.5% IIB: 12.2% vs. 3.5% IIIB: 40.8% vs. 45.9% IIIB: 40.8% vs. 42.4% IV: 2.1% vs. 4.7% 			biomarkers and dosimetry.
PBT (n=27) Double scatter (n=22) or pencil beam scanning (n=5) Median PBT Dose (range): 50.4 (50.4 to 66.6) Gy IMRT (n=34) Median RT Dose (range): 54 (50 to 72) Gy	Inclusion: Patients undergoing post-op RT for NSCLC with positive microscopic margins and/or positive N2 lymph nodes. Exclusion: Patients who received neoadjuvant concurrent proton/chemotherapy as part of an institutional protocol (n=20) and	PBT vs. IMRT N=27 vs. 34 Male, %: 52% vs. 41% Median Age (range): 65 (38 to 77) years vs. 63 (38 to 80) years Smoking History • yes: 74% vs. 76% Histology (p<.001): • Squamous cell carcinoma: 7% vs. 20% • Adenocarcinoma: 67% vs. 79%	Median F/U (range): 23.1 (2.3 to 42.0) months vs. 27.9 (0.5 to 87.4) months % F/U: 100%	OS, LRFS, Disease Failure, Mortality, Harms	Funding: NR COI: None declared. Notes:
	Double scatter (n=22) or pencil beam scanning (n=5) Median PBT Dose (range): 50.4 (50.4 to 66.6) Gy IMRT (n=34) Median RT Dose	Double scatter (n=22) or pencil beam scanning (n=5) Median PBT Dose (range): 50.4 (50.4 to 66.6) Gy IMRT (n=34) Median RT Dose (range): 54 (50 to 72) Gy undergoing post-op RT for NSCLC with positive microscopic margins and/or positive N2 lymph nodes. Exclusion: Patients who received neoadjuvant concurrent proton/chemotherapy as part of an institutional protocol (n=20) and those who had palliative	Double scatter (n=22) or pencil beam scanning (n=5) Median PBT Dose (range): 50.4 (50.4 to 66.6) Gy IMRT (n=34) Median RT Dose (range): 54 (50 to 72) Gy Mule, 9: 52% vs. 41% Median Age (range): 65 (38 to 77) years vs. 63 (38 to 80) years Smoking History • yes: 74% vs. 76% Histology (p<.001): • Squamous cell carcinoma: 7% vs. 20% • Adenocarcinoma: 67% vs. 79% • Large cell: 4% vs. 0%	Double scatter (n=22) or pencil beam scanning (n=5) Median PBT Dose (range): 50.4 (50.4 to 66.6) Gy IMRT (n=34) Median RT Dose (range): 54 (50 to 72) Gy Median post-op RT for NSCLC with positive microscopic margins and/or positive N2 lymph nodes. Median Age (range): 65 (38 to 77) years vs. 63 (38 to 80) years Smoking History • yes: 74% vs. 76% Histology (p<.001): • Squamous cell carcinoma: 7% vs. 20% • Adenocarcinoma: 67% vs. 79% • Large cell: 4% vs. 0%	Double scatter (n=22) or pencil beam scanning (n=5) Median PBT Dose (range): 50.4 (50.4 to 66.6) Gy IMRT (n=34) Median RT Dose (range): 54 (50 to 77) Gy Median RT Dose (range): 54 (50 to 72) Gy IMRT (n=22) or pencil undergoing post-op RT for NSCLC with positive microscopic margins and/or positive N2 lymph nodes. Median Age (range): 65 (38 to 77) years vs. 63 (38 to 80) years Smoking History • yes: 74% vs. 76% Histology (p<.001): • Squamous cell carcinoma: 7% vs. 20% • Adenocarcinoma: 67% vs. 79% • Large cell: 4% vs. 0%

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
			symptomatic airway compression before radiation treatment were excluded from this analysis.	Chemotherapy • neoadjuvant: 7% vs. 12% • sequential: 70% vs. 59% • concurrent: 22% vs.32%			
Tucker 2016 Retrospective Comparative Cohort Moderately High USA	468	PBT (n=45) Passive Scatter Median PBT dose (range): 63 (60 to 76) Gy(RBE) 3DCRT (n=193) Median PBT dose (range): 63 (60 to 76) Gy(RBE) IMRT (n=230) Median PBT dose (range): 63 (60 to 76) Gy(RBE)	Inclusion: Patients w/ pathologically confirmed primary NSCLC with clinical stage IIIA or IIIB disease, good performance status (Eastern Cooperative Oncology Group [ECOG] score 0–1), radiation dose of P60 Gy, no treatment interruptions lasting more than 7 days, and complete clinical and follow-up information on age, sex, smoking history, tumor histology, and gross tumor volume (GTV). Exclusion: NR	All N= 45 vs. 230 Male, %: 56.4% Median (range: 64 (34 to 87) years Histology • Adenocarcinoma: 34.8% • non-small cell not otherwise specified: 28.4% • Squamous cell carcinoma: 36.8% Stage • IIIA: 44.4% • IIIB: 55.6%	F/U (range): 24 months (NR) % F/U: cannot be determined*	OS	Funding: Supported in part by Cancer Center Support (Core) Grant CA016672 from the National Cancer Institute to The University of Texas MD Anderson Cancer Center COI: None declared
Wang 2016 Prospective Comparative Cohort	82	PBT (n=26) Median Radiation dose (range): 74.0 (54.0 to 74.0)	Inclusion: Patients ≥18 years old w/ pathologic diagnosis of locally advanced, unresectable primary or recurrent	PBT vs. 3DCRT vs. IMRT N=26 vs. 22 vs. 34 Male: 53.9% vs. 45.4% vs. 50% Median Age (range): 65.5 (43.0	NR % F/U: Cannot be determined*	MDASI Symptom Burden	Funding: supported by grants from the National Cancer Institute of
Moderately High USA		Gy(RBE) 3DCRT (n=22) Median Radiation	NSCLC Exclusion: NR Indication:	to 79.0) vs. 63.7 (42.5 to 77.9) vs. 65.6 (48.1 to 77.8) years BMI (kg/m²): 27.3 (20.5 to 38.9) vs. 25.1 (19.6 to 45.2) vs. 27.0 (19.7 to 42.2)			the National Institutes of Health: NCI R21 CA132109 to Dr. Wang; NCI
33/1		dose (range):		Stage			R01 CA026582 to

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		63.0 (50.4 to 70.0) Gy(RBE) IMRT (n=34) Median Radiation dose (range): 63.0 (41.4 to 70.0) Gy(RBE) • All patients received concurrent chemotherapy. • PBT received significantly higher radiation dose than 3DCRT (p<0.001) or IMRT (p=0.002)	 PBT = recurrent tumor after surgery and/or chemotherapy photon RT (3DCRT or IMRT) = nonoperable NSCLC 	• I/II: 34.8% vs. 9.1% vs. 29.4% • III: 65.2% vs. 90.9% vs. 70.6% ECOG, p=0.023 • 0 to 1: 100% vs. 81.8% vs. 93.9% • 2 to 3: 0% vs. 18.2% vs. 6.1% Prior Chemotherapy: 50% vs. 59.1% vs. 26.5%, p=0.036 Prior Surgery: 57.7% vs. 90.9% vs. 97.1%, p<0.001			Dr. Cleeland; NCI P01 CA021239 to Drs. Delaney and Mohan (co- principal investigators); and MD Anderson Cancer Center Support Grant NCI P30 CA016672. The funding agency played no role in study design; in the collection, analysis, and interpretation of data; in the writing of the report; or in the decision to submit the article for publication COI: None declared

3DCRT = Three-dimensional Conformal Radiotherapy; COI = Conflict of Interest; ECOG = Eastern Cooperative Oncology Group; F/U = Follow-up; Gy = Gray; IMRT = Intensity modulated radiation therapy; ITT = Intention to treat; KPS = Karnofsky performance score; LRFS = local recurrence free survival; MDASI = MD Anderson Symptom Index; NR = Not reported; NSCLC = non-small cell lung cancer; OS = Overall Survival; PBT = Proton Beam Therapy; RBE = Relative Biological Effectiveness; RoB = Risk of Bias; RT = Radiation therapy

Higgins 2017: excluded patients with missing outcome data.

Niedzielski 2017: excluded patients with missing CT or treatment planning data.

Tucker 2016: did not describe number of patients excluded due to incomplete clinical/follow-up data.

Wang 2016: information on eligible population not adequately provided.

^{*}Follow-up data from the following studies could not be determined:

Appendix Table I3. Detailed data abstraction: comparative studies of proton beam therapy in lung cancers

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
RCTs			
Liao 2018 PBT (n=57) vs. IMRT (n=92)	PBT vs. IMRT	NR	PBT vs. IMRT (randomized)
Randomized Controlled Trial	Randomized group, n=57 vs. 92 (results from analyses of ITT and those not randomly assigned were consistent with data from this group, see below)		Randomized group, n=57 vs. 92 Radiation pneumonitis at 1 year: • grade ≥3: 10.5% (6/57) vs. 6.5% (6/92), p=0.537 -grade 3: 10.5% (6/57) vs. NR
Xxxx RoB USA	Median OS Time 26.1 months vs. 29.5 months; p=0.297		-grade 4: 0% (0/57) vs. NR -grade 5: 0% (0/57) vs. 2.2% (2/92)
Contains data on ITT population and a non-	OS (all data estimated from figure S4)		(after 1 year no cases of radiation pneumonitis reported per figure 3b)
randomized group group. The data from these other	1-year: 72% vs. 84%2-year: 57% vs. 62%		ITT population, n=72 vs. 101 Rate of Grade ≥3 Radiation pneumonitis
analysis sets is only in KM survival graphs however. Survival rates estimated	3-year: 36% vs.38%4-year: 32% vs. 37%5-year: 19% vs. 37%		1-year: 8% vs. 7%2-year: 8% vs. 7%3-year: 8% vs. 7%
from graph (also includes 2, 3, 4, 5 year time frames on graph; only 1 year	Log-rank p=0.30		4-year: 8% vs. 7%5-year: 8% vs. 7%Log-rank p=0.58
estimated at the moment).	Local Failure: (all data estimated from figure 3c)		
	1-year: 10.5% vs. 10.9%2-year: 36% vs. 31%3-year: 37% vs. 32%		Nonrandomized, n=13 vs. 26 1-year: 19% vs. 19% 2-year: 19% vs. 19%
	4-year: 37% vs. 32%5-year: 37% vs. 38%p=0.86		3-year: 19% vs. 19%4-year: 19% vs. 19%5-year: 19% vs. 19%

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	Combined rate of radiation pneumonitis and local failure: (all data estimated from figure 3a): • 1-year: 21.1% vs. 17.4%, p=0.175; • 2-year: 38% vs. 36% • 3-year: 43% vs. 37% • 4-year: 43% vs. 37% • 5-year: 43% vs. 37% Log-rank p=0.55 Adj HR (multivariate analysis, IMRT as referent) 1.35 (95% CI 0.73 to 2.48), p=0.34 ITT population, n=72 vs. 101 (all data estimated from graphs with the exception of HRs from multivariable analysis) OS (all data estimated from figure S4) • 1-year: 75% vs. 82% • 2-year: 56% vs. 60% • 3-year: 26% vs. 37% • 4-year: 38% vs. 32% Log-rank p=0.30 Local Failure: (all data estimated from figure S3) • 1-year: 9% vs. 10% • 2-year: 27% vs. 26% • 3-year: 37% vs. 32% • 4-year: 37% vs. 32%		Log-rank p=0.94

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	• 5-year: 37% vs. 39% Log-rank p=0.99		
	Combined rate of radiation pneumonitis and local failure: (all data estimated from figure S3): • 1-year: 19% vs. 19% • 2-year: 36% vs. 35% • 3-year: 38% vs. 36% • 4-year: 38% vs. 36% • 5-year: 38% vs. 36% Log-rank p=0.78 Adj HR (multivariate analysis, IMRT as referent) 1.02 (95% CI 0.53 to 1.98), p=0.94 Nonrandomized, n=13 vs. 26 OS (all data estimated from figure S4) • 1-year: 69% vs. 57% • 2-year: 43% vs. 43% • 3-year: 25% vs. 32.5% • 4-year: NC Log rank p=0.97 Local Failure: (all data estimated from figure S3) • 1-year: 6% vs. 3% • 2-year: 6% vs. 3% • 3-year: 26% vs. 26% • 4-year: NC		

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	Log-rank p=0.93		
	Combined rate of radiation pneumonitis and local failure: (all data estimated from figure S3): • 1-year: 25% vs. 24% • 2-year: 39% vs. 24% • 3-year: 39% vs. 36% • 4-year: NC • 5-year: NC Log-rank p=0.79 Adj HR (multivariate analysis; IMRT as referent): 0.83 (95% CI 0.33 to 2.11), p=0.7		
Cohort studies			
Higgins 2017	Proton vs. Photons (all stages)	NR	NR
Proton (n=348) vs. Photons (n=243,474) (i.e., IMRT, photons, 3D conformal, external beam)	1 year-OS 63.3% (95% CI 57.9% to 68.2%) vs. 49.4% (95% CI 49.2% to 49.6%)		
Retrospective Comparative			
Cohort (National Cancer	5 year-OS		
Database)	• All non-proton: 23.1% (95%Cl 17.4% to 29.3%) vs. 13.5% (95%Cl 13.4% to 13.7%),		
XXXX RoB	Log-rank p<0.0001 ; Adjusted HR for survival, proton vs. photon: 1.21 (95% CI		
USA	1.06 to 1.39), p=0.005		
 Also contains multivariate	Adjusted HR for risk of death , photon vs. proton: 1.46, p < 0.001		
analyses (two propensity	ριστοπ. 1.40, μ <0.001		

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
matched analyses). Also contains data on stage II and III patients (by modality). Also contains univariate and multivariate HRs (proton vs. each modality and overall).	 Proton vs. 3D-Conformal: 23.1% vs. 14.7%, p<0.01, adj. HR 1.16 (95% CI 1.01 to 1.33), p=0.035 Proton vs. External-Beam NOS: 23.1% vs. 13.5%, p<0.01, adj. HR 1.26 (95% CI 1.10 to 1.44), p<0.001 Proton vs. IMRT: 23.1% vs. 17.2%, p=0.286, adj. HR 1.05 (95% CI 0.91 to 1.20), p=0.524 Proton vs. Photons: 23.1% vs. 12.6%, p<0.01, adj. HR 1.25 (95% CI 1.09 to 1.43), p=0.001 No significant difference in 5-year OS for stage IV patients by treatment modality. 		
	Median OS 18.6 (95% CI 15.1 to 21.2) vs. 11.7 (95% CI 11.7, 11.8) months. Propensity-matched analysis, 1:1: proton (n=308) vs. photon (n=308), all stages (a priori analysis) OS probabilities NR HR 1.16 (95% CI 0.97 to 1.39), p=0.12 Propensity-matched analysis, 5:1: proton (n=309) vs. photon (n=1541), all stages (not the a priori design) 1 year-OS		

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	62.0% (95%CI 56.2% to 67.2%) vs. 54.2% (95%CI 51.6% to 56.7%)		
	5 year-OS 22.3% (95%Cl 16.3% to 28.9%) vs. 15.7% (95%Cl 13.5% to 18.1%), Log-rank p=0.025; adj. HR 1.18 (95% Cl 1.02 to 1.37), p=0.026		
	Median Survival 18.4 (95%Cl 14.8 to 21.2) months vs. 14 (95% Cl 12.8 to 15.6) months.		
	Proton vs. Photons (stages II and III) Proton vs. 3D-Conformal vs. External-Beam NOS vs. IMRT vs. Photons		
	1 year-OS 61.8% (95% CI 54.4% to 68.4%) vs. 57.2% (95% CI 56.6% to 57.9%); vs. 53.8% (95% CI 53.1% to 54.4%); vs. 61.1% (95% CI 60.3% to 61.9%); vs. 53.3% (95% CI 53.0% to 53.7%)		
	5 year-OS 22.3% (95% CI 14.6% to 31.0%) vs. 16.9% (95% CI 16.3% to 17.5%); vs. 15.8% (95% CI 15.3% to 16.4%); vs. 18.0% (95% CI 17.2% to 19.0%); vs. 15.0% (95% CI 14.7% to 15.3%)		
	Adjusted HR (95% CI) for Survival Proton vs. Photon:		

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	 Excluding pts. with a missing radiation dose: HR 1.35 (95% CI 1.10 to 1.64), p<0.01 Including pts. with a missing radiation dose: HR 1.19 (95% CI 0.99 to 1.42), p=0.057 Proton vs.: External Beam NOS: HR 1.23 (95% CI 1.01 to 1.43), p=0.04) Photons: HR 1.23 (95% CI 1.03 to 1.47, p=0.02) 3D Conformal: HR 1.12 (95% CI 0.94 to 1.34), p=0.19 IMRT: HR 1.02 (95% CI 0.85 to 1.22, p=0.83). Median Survival 17.4 (95% CI 13.4 to 21.5) months. vs. 15.2 (95% CI 14.9 to 15.5) months. vs. 13.6 (95% CI 13.3 to 13.9) months. vs. 17.2 (95% CI 		
	to 13.3 to 13.9) months. vs. 17.2 (95% Cl 16.7 to 17.6) months. vs. 13.4 (95% Cl 13.2 to 13.6) months. On propensity-matched Kaplan Meier analysis (5:1, 880 photon, 176 proton), there were no statistically significant differences between proton and photon therapy (22% vs. 17%, p=0.408).		
Niedzielski 2017 PBT (n=49) vs. IMRT (n=85)	NR	Biomarkers of esophageal toxicity No statistically significant difference between groups in the esophageal expansion imaging biomarkers:	PBT vs. IMRT Patients with esophagitis, % (n/N) -Grade 0: 18.4% (9/49) vs. 28.2% (24/85) -Grade II: 59.2% (29/49) vs. 54.1% (46/85)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Retrospective Comparative Cohort XXXX RoB		 the maximum axial expansion of a single slice (MaxExp1) the axial length of the esophagus with at least 30% expansion (LenExp30%) 	-Grade III: 22.4% (11/49) vs. 17.6% (15/85); OR 1.40 (95% CI 0.69 to 2.87); p=0.37 Chi-squared p-value for the difference in grades between groups = 0.42
USA			
Remick 2017	PBT vs. IMRT	NR	PBT vs. IMRT
PBT (n=27) vs. IMRT (n=34) Retrospective Comparative Cohort	Overall Survival (OS) • 1-year: 85.2% (95% CI 72.8% to 99.7%) vs. 82.4% (95% CI 70.5% to 96.2%) • 2-year: 77.8% (95% CI 63.6% to 95.2%)		No grade 4 or 5 treatment-related toxicities were observed. Criteria: CTCAE v 4.0
XXXX RoB	vs. 73.2% (95% CI 59.6% to 89.9%) p=0.65 for OS between groups (timing NR) Local Recurrence-Free Survival		Patients with Grade II acute (not defined) toxicities, % (n/N) Lung
USA	• 1-year: 92.3% (95% CI 82.5% to 100%) vs. 93.3% (95% CI 84.8% to 100%) • 2-year: 93.1% vs. 85.7% p=0.82 for local recurrence-free survival between groups (timing NR)		 Hoarseness: 0% (0/27) vs. 2.9% (1/34) Cough: 11.1% (3/27) vs. 17.6% (6/34) Dyspnea: 18.5% (5/27) vs. 14.7% (5/34) Radiation pneumonitis: 3.7% (1/27) vs. 8.8% (3/34) Gastrointestinal
	 Disease Failure: Local (isolated) recurrence: 11.1% (3/27) vs. 5.9% (2/34) (outside radiation field in 1 patient each) Regional (isolated) recurrence: 3.7% (1/27) vs. 2.9% (1/34) Local + Regional recurrence: 0% (0/27) vs. 2.9% (1/34) Distant failure: 40.7% (11/27) vs. 50% (17/34) 		 Esophagitis dysphagia and/or odynophagia: 18.5% (5/27) vs. 29.4% (10/34) Dypepsia: 11.1% (3/27) vs. 23.5% (8/34) Nausea: 0% (0/27) vs. 8.8% (3/34) Vomiting: 0% (0/27)vs. 2.9% (1/34) Diarrhea: 0% (0/27)vs. 5.9% (2/34) Constipation: 3.7% (1/27) vs. 14.7% (5/34) Other Fatigue: 22.2% (6/27) vs. 26.5% (9/34) Anorexia: 22.2% (6/27) vs. 17.6% (6/34)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	Mortality Overall: 33.3% (9/27) vs. 52.9% (18/34) • respiratory failure related: 18.5% (5/27) (4 sepsis or pneumonia, 1 due to lymphangitic carcinoma) vs. 11.8% (4/34) (3 with documented lung progression and/or pleural effusion) • urosepsis: 0% (0/27) vs. 2.9% (1/34) • metastatic breast cancer: 0% (0/27) vs. 2.9% (1/34) • unknown (not well documented): 14.8% (4/27) vs. 35.3% (12/34)		 Dehydration: 0% (0/27) vs. 2.9% (1/34) Dermatitis: 37% (10/27) vs. 11.8% (4/34) Patients with Grade III acute (not defined) toxicities, % (n/N) Lung Hoarseness: 0% (0/27)vs. 2.9% (1/34) Cough: 0% (0/27)vs. 0% (0/34) Dyspnea: 0% (0/27) vs. 0% (0/34) Radiation pneumonitis: 3.7% (1/27) vs. 2.9% (1/34) Gastrointestinal Esophagitis dysphagia and/or odynophagia: 3.7% (1/27) vs. 11.8% (4/34) Dypepsia: 0% (0/27) vs. 0% (0/34) Nausea: 0% (0/27) vs. 2.9% (1/34) Vomiting: 0% (0/27) vs. 0% (0/34) Diarrhea: 0% (0/27)vs. 0% (0/34) Constipation: 0% (0/27) vs. 0% (0/34) Other Fatigue: 0% (0/27)vs. 8.8% (3/34) Anorexia: 0% (0/27)vs. 2.9% (1/34) Dehydration: 0% (0/27) vs. 2.9% (1/34) Dermatitis: 0% (0/27) vs. 0% (0/34)
Tucker 2016 PBT (n=45) vs. 3DCRT (n=193) vs. IMRT (n=230) Retrospective Comparative Cohort	PBT vs. 3DCRT vs. IMRT 2 year-OS 56% (95% CI 40% to 69%) vs. 39% (95% CI 32% to 46%) vs. 52% (95% CI 45% to 58%); p=0.015	NR	NR

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
XXXX RoB			
USA			
Wang 2016	NR	PBT vs. 3DCRT vs. IMRT	NR
PBT (n=26) vs. 3DCRT (n=22) vs. IMRT (n=34) Prospective Comparative Cohort XXXX RoB USA Symptom burden represents mixed modeling of weekly change		MDASI Symptom Burden During Treatment (Weeks 1-7), estimate (SE): Pain: 0.20 (0.08), p=0.024 vs. 0.43 (0.09), p<0.001 vs. 0.44 (0.08), p<0.001 Sore Throat: 0.10 (0.06), p=0.097 vs. 0.65 (0.10), p<0.001 vs. 0.50 (0.08), p<0.001 Fatigue: 0.16 (0.10), p=0.132 vs. 0.22 (0.08) p=0.019 vs. 0.41 (0.07), p<0.001 Drowsiness: 0.22 (0.10) p=0.050 vs. 0.30 (0.11) p=0.016 vs. 0.32 (0.06) p<0.001 Lack of Appetite: 0.16 (0.11), p=0.151 vs. 0.48 (0.12), p<0.001 vs. 0.36 (0.08), p<0.001 Disturbed Sleep: 0.02 (0.11), p=0.826 vs. 0.15 (0.12), p=0.249 vs. 0.06 (0.08), p=0.409	
		MDASI Symptom Burden Post Treatment (Weeks 7-12) Pain: -0.10 (0.10), p=0.341 vs0.14 (0.14), p=0.308 vs0.40 (0.13), p=0.005 Sore Throat: 0.06 (0.07), p=0.409 vs0.54 (0.15), p=0.001= vs0.37 (0.12), p=0.004 Fatigue: 0.19 (0.12), p=0.117 vs0.14 (0.08), p=0.093 vs0.44 (0.11), p<0.001 Drowsiness: -0.06 (0.11), p=0.599 vs0.11 (0.11), p=0.352; -0.31 (0.10), p=0.003	

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		Lack of Appetite: -0.13 (0.13) p=0.317 vs0.48 (0.14), p=0.002 vs0.28 (0.13), p=0.037 Disturbed Sleep: -0.03 (0.12), p=0.796 vs0.30 (0.13), p=0.030 vs0.04 (0.12), p=0.728	

3DCRT = Three-dimensional Conformal Radiotherapy; CI = Confidence Interval; COI = Conflict of Interest; CTCAE = Common Terminology Criteria for Adverse Events; ECOG = Eastern Cooperative Oncology Group; F/U = Follow-up; Gy = Gray; HR = Hazard Ratio; IMRT = Intensity modulated radiation therapy; ITT = Intention to treat; KPS = Karnofsky performance score; LRFS = locoregional failure free survival; MDASI = MD Anderson Symptom Index; NC = Not Calculable; NOS = Not otherwise specified; NR = Not reported; NSCLC = non-small cell lung cancer; OS = Overall Survival; PBT = Proton Beam Therapy; RBE = Relative iological Effectiveness; ROB = Risk of Bias; RT = Radiation therapy; SE = Standard Error

APPENDIX J. Lymphomas

Appendix Table J1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in lymphomas

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Hoppe 2017 RoB: High Prospective Case Series USA Funding: None COI: None Provides subpopulation analysis by risk group	Diagnosis: Hodgkin's Lymphoma Indication: Curative Intent	N=138 Median Age: 20 years (range, 6-57) [42% (59/138) <19 years] Male: 53% Primary Tumor Sites: NR Tumor Characteristics: Bulky Disease: 57.4% (78/138) Risk Classification: Favorable (I/II A, non-bulky), 29.7% (41/138); Unfavorable (I/II with B or bulky), 28.2% (39/138); High (I/II B bulky, III, or IV), 42% (58/138)	PBT: Passive-scatter, 46.4% (64/138); Uniform-scanning, 41.3% (57/138); PBS, 12.3% (17/138) Median PBT Dose (range): Pediatric patients: 21 Gy (RBE) (15–36 Gy) Adult patients: 30.6 Gy (RBE) (20–45 Gy) Additional Treatments in conjunction with PBT: Chemotherapy, 100%	Median F/U (range): 32 (5 to 92) months	Primary Outcomes 3-year Relapse Free Survival, % (95% CI) • Adults: 96% (NR) • Pediatric: 87% (NR) Proportion of patients experiencing recurrence, % (n/N) • All patients: 7.2% (10/138) • Adults: 5% (4/79) • Pediatric: 10.2% (6/59) Secondary Outcomes NR	Toxicity Grading Criteria: NR Toxicity, % (n/N) Anorexia Grade 1: 11.6% (16/138) Grade 2: 2.9% (4/138) Anxiety/depression/agitati on Grade 1: 13.8% (19/138) Grade 2: 0.7% (1/138) Constipation Grade 1: 8.9% (12/138) Cough Grade 1: 38.4% (53/138) Grade 2: 1.4% (2/138) Diarrhea Grade 1: 2.2% (3/138) Dry Mouth Grade 1: 19.6% (27/138) Grade 2: 0.7% (1/138) Dyspepsia Grade 1: 79.7% (11/138) Grade 2: 1.4% (2/138) Dyspnea Grade 1: 21.7% (30/138) Esophagitis Grade 2: 18.2% (25/138) Fatigue

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						-Grade 2: 5.1% (7/138)
						Hoarseness
						-Grade 1: 11.6% (16/138)
						Hypothyroidism
						-Grade 2: 2.2% (3/138)
						• Mucositis
						-Grade 1: 1.4% (2/138)
						Nausea
						-Grade 1: 21% (29/138)
						-Grade 2: 2.9% (4/138) • Pain
						-Grade 1: 15.9% (22/138)
						-Grade 2: 0.7% (1/138)
						Performance Status
						-Grade 1: 5.1% (7/138)
						-Grade 2: 0.7% (1/138)
						Pulmonary
						(fibrosis/pneumonitis/effu
						sion)
						-Grade 1: 4.3% (6/138)
						Vomiting
						-Grade 1: 5.8% (8/138)
						-Grade 2: 1.4% (2/138)
						Radiation Dermatitis
						-Grade 1: 68.8% (95/138)
H 2016	Diaments.	N. 40	DDT 84 - delite a section	0.01'	2 Palausa 5	-Grade 2: 5.8% (8/138)
Hoppe 2016	Diagnosis: Hodgkin's Lymphoma	N=40	PBT Modality: passive scatter or uniform	Median F/U	2-year Relapse Free Survival (95% CI): 85%	No grade 3 acute toxicities occurred among the
RoB: High	Hougkin's Lymphoma	Age <12 years: 8%	scanning	(range): 21	(NR)	patients.
1.05.111611	Indication: Curative Intent	12–18 year: 28%	techniques; no	(4 to 47)	(****)	
Prospective Case		19–29 years: 45%	patients were treated	months	Proportion of patients	Grade 1 to 2 Toxicities, %
Series		30–40 years: 10%	with pencil beam		experiencing relapse:	(n/N)
		>40 years: 10%	scanning		7.5% (3/40)	Anorexia: 7.5% (3/40)
USA		Male: 53%				Constipation: 2.5% (1/40)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
5 II AIS		- C	Median PBT Dose: 30			Cough: 30% (12/40)
Funding: NR		Tumor Stage I: 10%	Gy 21 to 25.5 Gy: 40%			Dermatitis: 87.5% (35/40)
COI: NR		II: 58%	25.6 to 31 Gy: 43%			Diarrhea: 2.5% (1/40) Dry mouth: 2.5% (1/40)
COI. NIK		II: 20%	31.1 to 36 Gy: 18%			Dyspepsia: 2.5% (1/40)
		IV: 13%				Dysphagia: 2.5% (1/40)
			Additional			Dyspnea: 0% (0/40)
		Tumor Location	Treatments			Esophagitis: 42.5% (17/40)
		Mediastinum: 93%	Chemotherapy: 85%			Fatigue: 35% (14/40)
		Non-mediastinum: 8%	(11 pediatric patients			Hoarseness: 25% (10/40)
		D. C. was at a man (v. a a).	and 23 adult patients)			Nausea: 10% (4/40)
		B Symptoms (yes): 48%				Pain: 12.5% (5/40) Peripheral neuropathy:
		4670				12.5% (5/40)
		Bulky disease (yes):				Pharyngitis: 7.5% (3/40)
		65%				Vomiting: 0% (0/40)
		Risk Level				
		Favorable: 23%				
		Unfavorable: 45%				
Nanda 2017	Diagnosis:	High: 33% N=59	PBT Modality: NR	Median	NR	Acute Toxicity, % (n/N)
Nanda 2017	Hodgkin's Lymphoma	14-33	P D1 Wiodailty. WK	F/U	IVIX	Pulmonary Toxicities
RoB: High	(84.7%) or Non-Hodgkin's	Median Age (range):	Median Dose (range)	(range):		Grade 1: 35.6% (21/59)
	Lymphoma (15.3%) involving	30.6 (15 to 45) years	Adults (>18 years):	24.1 (6 to		Grade 2: 5.1% (3/59)
Prospective Case	the Thorax		30.6 Gy (RBE)	82) months		Grade 3: 0% (0/59)
Series		History of smoking:	Children (≥18			
LICA	Indication:	6.8%	years): 25.5 Gy			Late Toxicity, % (n/N)
USA	Refractory/Relapsed Disease: 18.6%	Mediastinal	(RBE)			Pulmonary Toxicities Grade 1: 45.8% (27/59)
Funding: NR	Curative Intent: 81.4%	Involvement: 93.2%	Additional			Grade 1: 45.8% (27/59) Grade 2: 0% (0/59)
, anding, Mit	Caracire intenti G1.470		Treatments			Grade 3: 0% (0/59)
COI: None		Bulky Disease: 66.1%	Chemotherapy			
			ABVD: 49.2%			
			ABVE-PC 24: 40.7%			

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
			R-CHOP: 6.8% Other: 3.4% Second or third line: 18.6% Stem cell transplant: 11.9%			

CI = Conflict of interest; COI = Conflict of interest; Gy = Gray; NR = not reported; PBT = Proton beam therapy; RBE = relative biological effectiveness

APPENDIX K. Mixed Populations

Appendix Table K1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in mixed populations

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Moskvin 2014 Retrospective	Diagnosis: Various Brain and Spine	N=389 eligible, 90 analyzed	PBT Grade I Median	Median F/U: NR	NR	Toxicity Grading Criteria: CTCAE ver. 3.0 Acute Toxicities: timeframe NR
Case Series	Malignancies	Male: 67.8% Median Age	PBT Skin Dose: 4655 cGy			Harms [all patients] Acute Toxicities, % (n/N)
High RoB	Indication: Curative Intent	(range): 11.2 (1.6 to 76.7) years	Grade II Median			• <u>Skin Toxicities</u> -Grade 1: 56.6% (51/90)
USA Funding: NR		Diagnosis • Astroblastoma:	PBT Skin Dose: 5220 cGy			-Grade 2: 17.7% (16/90) -Grade 3: 8.8% (8/90) -Grade 4: 2.2% (2/90)
COI: None declared		4.4% (4/90) • Astrocytoma:	Grade III Median PBT Skin Dose:			Harms [pediatric <5, n=20]
Population is		1.1% (1/90) • Atypical	5500 cGy			Acute Toxicities, % (n/N) • Skin Toxicities
broadly mixed pediatric and adult. Also		teratoid rhabdoid tumor 5.5% (5/90)				-Grade 1: 85% (17/20) -Grade 2: 15% (3/20) -Grade 3: 0% (0/20)
provides grade of skin reaction		• Chondrosarcom a: 10% (9/90)				Harms [pediatric age 5 to 12, n=19]
stratified by age (pediatric and adults); also		• Chordoma: 14.4% (13/90)				Acute Toxicities, % (n/N) • Skin Toxicities
includes mean irradiated skin		Ependymoma 31.1% (28/90)Ewing's				-Grade 1: 73.68% (14/19) -Grade 2: 10.53% (2/19) -Grade 3: 15.79% (3/19)
area data		sarcoma: 2.2% (2/90)				Harms [pediatric age 12 to 21, n=15]
		Grade I ant cell tumor: 1.1%				Acute Toxicities, % (n/N) • Skin Toxicities
		(1/90) • Medulloblasto				-Grade 1: 66.67% (10/15) -Grade 2: 20% (3/15) -Grade 3: 13.3% (2/15)
		ma: 23.3% (21/90)				5.1000 5. 15.570 (2) 15)

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
		 Neuroblastoma: 1.1% (1/90) Non-small cell lung metastatic: 1.1% (1/90) Osteosarcoma: 1.1% (1/90) Primitive neuroectoderm al tumor: 2.2% (2/90) Sarcoma: 1.1% 				Harms [adult age >21, n=23] Acute Toxicities, % (n/N) • Skin Toxicities -Grade 1: 43.48% (10/23) -Grade 2: 34.78% (8/23) -Grade 3: 21.74% (5/23)
Nishioka 2014	Diagnosis:	(1/90) N=97 eligible, 56	Spot-scanning PBT	Median	Mortality, % (n/N)	Harms
Wishioka 2021	Mixed, Various	analyzed	Spot sourning (5)	F/U	• all-cause (within 12 mos):	Toxicity Grading Criteria: CTCAE ver. 4.0
Prospective Case			Median PBT Dose:	(range):	7.1% (4/56)	Acute Toxicities: ≤3 mos
Series	Indication:	Male: 73.2%	65 (20 to 76) GyE	12 mos	• due to disease progression:	Late Toxicities: >3 mos
	Curative Intent	Median Age		(NR)	3.6% (2/56)	
High RoB		(range): 66 (1 to				Incidence of acute PBT-related Grade 4
		87) years		% F/U:		adverse events (95% CI):
Japan				87.5%		0% (0% to 6.38%)
		Chemotherapy:				
Funding:		• concurrent:				Acute Toxicities, % (n/N)
supported by		1.8%				• Grade 1 to 2:
the Clinical Trials		• adjuvant:				-radiation dermatitis: 55.4% (31/56)
Core Hospitals		17.9%				-elevated alanine
project of the						aminotransferase : 23.2% (13/56)
Japanese		Lesion Locations:				-thrombocytopenia: 17.9% (10/56)
Ministry of		• prostate: 30.4%				• Grade 3 or 4 (PBT-related):
Health, Labour and Welfare and		(17/56)				-hematological: 0% (0/56)
		• bone/soft				 Grade ≥3 (unlikely to be PBT-related
the Japan		tissue: 17.9%				toxicities)
Society for the		(10/56)				-anemia: 1.8% (1/56)
Promotion of		• liver: 12.5%				-hypokalemia: 1.8% (1/56)
		(7/56)				

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
Science (JSPS) KAKENHI Grant Number 15H04899. COI: None declared		 lung: 10.7% (6/56) CNS: 8.9% (5/56) colon: 3.6% (2/56) pancreas: 3.6% (2/56) kidney: 3.6% (2/56) others: 8.9% (5/56) 				-thrombocytopenia: 1.8% (1/56) -esophageal varix hemorrhage: 1.8% (1/56) -elevated alanine aminotransferase: 1.8% (1/56) Late PBT-related non-hematological toxicities, % (n/N) • Grade ≥3: -osteoradionecrosis (fracture of left femoral neck): 1.8% (1/56)
Zhang 2018	Diagnosis: Various/Mixed	N=375	Particle therapy alone (n=328) or	Median F/U		Weight Loss
Retrospective	various/iviixeu	Male: 72%	particle+photon	(range):		 Average Weight Loss: 0.55 kg (0.08%) Mean Body weight decrease (SD): -2.2 (2.3)
Case Series	Indication:	Mean Age (SD):	(n=47).	NR		kg
	Curative Intent	54.3(16.1) years	().			Average weight loss among patients with
High RoB			Total Radiation			critical weight loss: 8.7% (3.0%) of body
		Diagnoses:	Dose:			weight
China		head & neck:	• ≥70 Gy: 21.9%			Average weight loss among patients without
		45%	• <70 Gy: 78.1%			critical weight loss: 0.2 (2.6%) of body weight
Funding:		lung or thymic:				
supported by		20%	Median Total			
Pudong Science		• liver,	Radiation Dose by			
and Technology		gallbladder,	Site (range):			
Development		pancreatic or	Head & Neck:			
Fund, PKJ2016- Y44.		rectal: 13%	62.1 (50.0 to			
COI: None		• ovarian,	72.5)			
declared.		endometrial,	• Lung: 64.5 (45.0			
		prostate: 21%	to 90.0)			
Also includes		• other: 1%	• Pancreas: 63.3 (37.8 to 69.0)			
univariable and		Tumor	• Liver: 58.7 (50.0			
multivariable		head and neck:	to 65.0)			
models for		45.1%	10 03.0)			
predictive		13.170				

Author (year), Study Site	Condition	Population	Total PBT Dose	F/U	Survival Outcomes	Safety
influences on weight loss.		 others: 54.9% Stage I to II: 34% III to IV: 66% Indication: Concurrent Chemotherapy: 13.9% Post-Surgery: 45.3% 	 Prostate: 63.6 (45.0 to 75.0) Ovarian: 63.0 (58.0 to 69.0) Colorectum: 59.8 (48.0 to 74.0) 			
		 Post-RT: 17.9% Post-Chemotherapy: 44.3% Pre-Therapy BMI <18.5: 8.8% 18.5 to 23.9: 50.7% ≥ 24: 40.5% 				

BMI = Body Mass Index; CI = confidence interval; cGy = centigray (unit) COI = conflict of interest; CTCAE = Common Terminology Criteria for Adverse Events; F/U = follow-up; GyE = Gray Equivalent; Kg = kilogram; NR = not reported; PBT = proton beam therapy; RoB = risk of bias; SD = standard deviation;

APPENDIX L. Non-Cancerous Tumors

Appendix Table L1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in non-cancerous tumors

Zeisberg 2014 Diagnosis: Choroidal N=50 PBT Mean F/U Hemangiomas Retrospective Case Intent: Curative Intent (82% Male: 64% Mean Total PBT Dose: 55.4 (13 to Regression	Toxicity Grading Criteria: Finger Classification or
Series High RoB High RoB USA Funding: NR COI: None declared Includes some data visual acuity of patients treated with prior RT. Also includes data on tumor thickness/size, and dose size and their relationship with visual outcome. Funding: NR COI: None declared Includes some data visual acuity of patients treated with prior RT. Also includes data on tumor thickness/size, and dose size and their relationship with visual outcome. Funding: NR COI: None declared Includes some data visual acuity of patients treated with prior RT. Also includes data on tumor thickness, vize, and dose size and their relationship with visual outcome. Funding: NR COI: None declared Includes some data visual acuity, % (n/N) Amacular Edema: 78% Retinal Ischemia: 0% Rubeosis: 0% Minimal Visual Improvement Indication Indicat	General Adverse Effects, % (n/N) Radiation retinopathy (Finger classification) Any stage: 46% (23/50) -Stage I: 32% (16/50) -Stage II: 10% (5/50) -Stage IV: 4% (2/50) -Time to Radiation Retinopathy (range): 10.3 (1.2 to 106.5) months [Mean or median not specified] -Mean Duration of Radiation Retinopathy (range): 14.5 (5.5 to 71.1) months Radiation Optic Neuropathy: 8% (4/50) -Time to radiation optic neuropathy (range): 35.6 (5 to 105.6) month Vitreous hemorrhage (secondary to retinopathy): 4% (2/50) -Time to vitreous hemorrhage (range): 45 (11.1 to 78.9) months

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		neither adjacent to fovea or optic disc: 16%				 Retinal vein occlusion: 4% (2/50) Intraocular pressure: 6% (3/50) -Time to intraocular pressure (range): 65.3 (37 to 80) months Dry eye syndrome: 18% (9/50) -Time to dry eye syndrome (range): 46.6 (3.5 to 124) months Cataract formation: 20% (10/50) -Time to cataract formation (range): 46.6 (3.5 to 124) months Retinal re-detachment: 0% (0/50) Rubeosis: 0% (0/50)
Mahdjoubi 2017	Diagnosis:	N=43	PBT: NR	Median	Primary Outcomes	No patient presented
Datus and ative Cons	Circumscribed choroidal	Median Age (range):	Total DDT Dagge 30 Co.	F/U	Median Visual Acuity	radiation maculopathy or
Retrospective Case Series	hemangioma	52 years (NR) Male: 74.4%	Total PBT Dose: 20 Gy (RBE)	(range): 25.7 (7 to	Pretreatment vs. posttreatment: 20/63	papillopathy.
Series	Indication:	IVIAIC. 74.470	(NDE)	62) months	vs. 20/25	Complete attachment of
RoB: High	• Curative Intent, 77% (33/43)	Primary Tumor Sites:	Additional Treatments	02) 1110111113	V3. 20/23	the exudative retinal
Nob. High	• Recurrent Treatment, 23%	Retroequatorial: 95.3%	prior to PBT		Visual acuity had	detachment: 97.6%
France	(10/43)	(41/43)	PDT only: 16.3%		stabilized or improved	(42/43)
	(10) 73)	Macular or	(7/43)		by more than 2 lines in	(/ 10 /
Funding: NR		perimacular: 60.4%	PDT + Anti-VEGF: 4.7%		37 patients (86%).	
5 5		(26/43)	(2/43)		F (22,2).	
COI: NR		Equatorial: 4.7% (2/43)	PDT + argon laser		Proportion of patients	
			Photocoagulation:		with hemangioma scar	
		Tumor Characteristics:	2.3% (1/43)		on ultrasound that was	
			, , ,		less than 1.5-mm thick	
					and was considered to	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Median tumor diameter: 10.10 mm (range, 6 to 22.80)			be flat, with an atrophic scar on angiography: 53.5% (23/43) Secondary Outcomes NR	
El Shafie 2018 Retrospective Case Series High RoB USA Funding: NR COI: NR	Diagnosis: Benign skull base meningiomas Indication: Mixed Curative: • adjuvant/additive: 15.5% • curative intent: 38.2% • salvage: 46.4%	N=110 Male: 20% Median Age (range): 52 (45 to 59) years Histology • WHO Grade I (benign): 54.5% • WHO Grade III (benign): 6.4% WHO Grade III: 0.9% • unknown (not surgically investigated): 38.2% Tumor Locations: • sphenoid wing: 38.2% • petroclival region: 20.9% • cavernous sinus 3.6% • sella: 9% • olfactory nerve: 3.6% Treatment Setting:	Raster-scanning PBT (n=104) or photon+carbon ion boost (n=6) Median PBT Dose (Range): 54 (50 to 60 Gy) Gy (RBE)	Median F/U (95% CI): 46.8 mos (95% CI 39.9 to 53.7)	OS (95% CI) 5-year (from start of therapy): 96.2% (NR) 6-year (from start of therapy): 92% (NR) 10-year (from diagnosis): 98.1% (NR) 15-year (from diagnosis): 90.7% (NR) Median OS: 57.97 (95% CI 50.6 to 62.5) mos PFS (95% CI) 3-year: 100% (NR) 5-year: 96.6% (NR) Median PFS: 46.8 (39.9 to 53.7) mos Median Time to Progression (range): 55.6 (40 to 67.3) mos Recurrence/Progression,% (n/N): Overall: 3.6% (4/110)	Harms Toxicity Grading Criteria: CTCAE ver. 4.0 Acute Toxicities: ≤6 mos Late Toxicities: >6 mos Acute toxicities, % (n/N) • Grade 1 to 2: -focal alopecia: 63.6% (70/110) -moderate fatigue: 47.3% (52/110) -focal skin irritation: 40% (44/110) -headaches: 22.7% (25/110) -nausea: 20.9% (23/110) -facial pain: 10.9% (12/110) -dysgeusia: 7.3% (8/110) -lymphedema: 6.4% (7/110) -xerostoma: 4.5% (5/110) -mucositis: <1% (1/110)
		Treatment Setting:			• local: 3.6% (4/110)	• Grade ≥3:

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		 adjuvant/additive: 15.5% definite: 38.2% due to tumor progression: 46.4% 			Mortality • all-cause: 5.5% (6/110) • due to disease progression 0% (0/110) • secondary malignancies (not reported to be RT-related): 1.8% (2/110) • non-cancer comorbidities: 2.7% (3/110) • other (unknown/not specified: <1% (1/110)	-focal alopecia: 0% (0/110) -fatigue: 0% (0/110)) -skin irritation: 0% (0/110) -headaches: 0% (0/110) -prolonged nausea due to intracranial pressure: <1% (1/110) -facial pain: 0% (0/110) -dygeusia: 0% (0/110) -lymphedema: 0% (0/110) -xerostemia: 0% (0/110) -severe ulcerating mucositis (grade III) <1% (1/110) -radionecrosis: 0% (0/110)
						Late toxicities, % (n/N) • Grade 1 to 2: -focal alopecia: <1% (1/110) -fatigue: 9.1% (10/110) -skin irritation: 0% (0/110) -headaches: 9.1% (10/110) -nausea: 0% (0/110) -facial pain: 1.8% (2/110) -dygeusia: 2.7% (3/110)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						-lymphedema: 2.7% (3/110) -xerostemia: 3.6% (4/110) -mucositis: 0.9% (1/110) -radionecrosis: 0% (0/110) • Grade ≥3: -focal alopecia: 0% (0/110) -fatigue: <1% (1/110) -skin irritation: -headaches: 0% (0/110) -nausea: -facial pain: 0% (0/110) -dygeusia: 0% (0/110) -lymphedema: 0% (0/110) -xerostemia: 0% (0/110) -mucositis: 0% (0/110) -radiogenic hypopituitarism: <1% (1/110) -radionecrosis: 2.7% (3/110)
Vlachogiannis 2017	Diagnosis: Brain (Benign Meningiomas)	N=170	Hypofractionated	Median F/U	PFS (95% CI)	Harms Toxicity Grading Criteria:
Retrospective Case	iviciiiigioiiiasj	Male: 20.6%	passive scattering PBT	(range): 84	• <u>5-year:</u> 93% (NR)	NR
Series	Indication: Curative Intent	Mean Age (range):	Mean PBT Dose	mos	• <u>10-year:</u> 85% (NR)	
High RoB Sweden		54.2 (22 to 85) years Surgery:	(range): 21.9 (14 to 46) Gy	Loss to follow-up:	Progression/Recurrenc e, % (n/N) • overall: 11.8% (20/170)	Radiation-Related complications

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications		Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: No funding was received for this research. COI: None declared		 underwent surgery: 74% refused surgery or had unacceptably high perioperative risk: 26% Tumor Location: Skull base: 91% convexity: 6% centrally: 3% 		0.6% (1/170)	 within 5 years: 65% (13/20) Mortality, % (n/N) all-cause: 13.5% (23/170) disease-specific mortality (meningioma): 1.7% (3/170) unidentified cause: 3.5% (6/170) 	(timeframe NR), % (n/N): -overall: 9.4% (16/170) -pituitary insufficiency: 7.4% (6/81)* -radiation necrosis: 2.9% (5/170) -clinically significant radiation necrosis: 20% (1/5) -visual impairment: 4.4% (5/112)†
		Radiation Therapy Timing: • post subtotal resection: 49.4% • at tumor relapse: 24.7% • primary: 25.9%			3.378 (0/170)	-visual impairment leading to blindness: 20% (1/5) -expansive tumor cyst (unknown nature): 0.6% (1/170)
Wattson 2014	Diagnosis: Pituitary Adenoma	N=165 Median Age (range):	PBT: 3D conformal passive	Median F/U (range):	Primary Outcomes	Toxicity Grading Criteria:
RoB: High	Indication: Treatment for salvage therapy	43 years (12 to 84)) Male: 34%	scattered proton therapy using 2 to 5	51.6 (6 to 247.2	Secondary Outcomes	Toxicity/Adverse Events,
Retrospective Case Series	or residual/recurrent tumor	Primary Tumor Sites: Pituitary	• Proton stereotactic	months	Biochemical Complete Response Rate, % (95% CI)	2.4% (4/165)
USA Funding: NR		Risk Classification: NR	radiosurgery: 92%Fractionatedstoroctastic proton		• 3-year: 42% (34% to 51%)	• Cranial nerve palsy: 1.2% (2/165)
COI: B.M.K.B. has		Tumor Characteristics: • Cushing Disease:	stereotactic proton therapy: 8%		• <i>5-year</i> : 59% (50% to 69%)	• Necrosis of the ethmoid sinus: 0.6% (1/165)
served as the principal investigator of research grants to		48% • <i>Nelson</i> Syndrome: 6%	PBT Dose: 20 Gy (RBE)		Local Control, % (n/N): 98% (137/140)	Actuarial Rate of New Pituitary Hormone

the Massachusetts General Hospital from Novartis and as a consultant for	 Growth Hormone – secreting adenoma: 37% Prolactin-secreting 	Additional Treatments in conjunction with PBT: • Prior resection,	Deficiencies (n=127), % (95%, CI) • 3-year: 45% (NR) • 5-year: 62% (NR)
HRA Pharma,	adenoma: 7%	98.2% (162/165);	
Novartis, and Pfizer. H.A.S. is an editor for this journal and is a writer for UpToDate. The authors report no other conflict of	 Thyroid stimulating: 2% Prior irradiation: yes: 8% 	• Prior photon irradiation, 8.5% (14/165)	Secondary Malignancy: 0%
interest. Provides subpopulation analysis by type of pituitary adenoma			

3D = three-dimensional; CGE = Cobalt Gray Equivalent; CI = confidence interval; COI = conflict of interest; F/U = follow-up; mm = millimeter; mos = months; NR = not reported; PBT = proton beam therapy; PDT = photodynamic therapy; RBE = relative biological effectiveness; ROB = risk of bias; RT = radiation therapy; VEGF = vascular endothelial growth factor

APPENDIX M. Ocular

Appendix Table M1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in ocular cancers

Ramran 2014 Diagnosis: Uveal Metastasis from any primary tumor Median Age at diagnosis of primary tumor (range): 52 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median Age at diagnosis of uveal metastasis (range): 58 years (INR) Median PBT Dose: 20 Gy (RBE) Primary dutcomes (not proportion developing new uveal metastases, (in/N): 2% (2/99) eyes; 6.7% (5/77) Radiation alone: 5% (4/77) Radiation alone: 5% (4/77) Chemotherapy + surgery: 17% (13/77) (13/7	Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
(8/77) • 6-weeks: 27% (18% to	RoB: High Retrospective Case Series USA Funding: NR COI: H.A.S. is an editor of this journal. The authors report no other conflict of interest.	Uveal Metastasis from any primary tumor	Median Age at diagnosis of primary tumor (range): 52 years (NR) Median Age at diagnosis of uveal metastasis (range): 58 years (NR) Male: 32% Primary Tumors Breast: 49% (38/77) Lung: 17% (17/77) Renal cell: 5% (4/90) Thyroid: 3% (3/77) Colon: 2% (2/77) Esophageal: 2% (2/77) Other: 14% (11/77) Eyes involved: Unilateral: 71% (55/77) Bilateral: 29% (22/77) Retinal detachment at	Median PBT Dose: 20 Gy (RBE) Treatment received for primary disease Chemotherapy alone: 8% (6/77) Radiation alone: 5% (4/77) Surgery alone: 12% (9/77) Chemotherapy + surgery: 17% (13/77) Chemotherapy + radiation: 12% (9/77) Radiation + surgery: 5% (4/77) All 3 modalities: 32% (25/77) Unknown or no treatment: 9% (7/77) Prior whole brain irradiation: 10%	(range): 77	Proportion experiencing local failure, % (n/N): 6% (6/99) eyes; 6.7% (5/77) patients Proportion developing new uveal metastases, % (n/N): 2% (2/99) eyes; 2.6% (2/77) patients Actuarial cumulative incidence of local failure (95% CI): • 12-months: 8% (3% to 22%) Visual acuity after treatment – per eye, % (n/N) Improved or stable: 38% (38/99) Decreased 30% (30/99) Unknown 31% (31/99) Cumulative incidence of either vasculopathy or decreased visual acuity-per eye (95% CI)	Any grade: 31% (24/77) [All adverse effects were scored minor and included dry eye, pain, flashes, floaters, tearing, and blurry vision] Retinal detachment resolution (n=13 eyes), % (n/N): 46% (6/13) Radiation Vasculopathy – per eye, % (n/N): 7% (7/99) Enucleation, % (n/N)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					 6-months: 46% (34% to 60%) 10-months: 59% (45% to 74%) 1-year: 73% (56% to 87%) Secondary Outcomes	
					NR	
Konstantinidis 2014	Diagnosis:	N=63	PBT: NR	Median F/U	Primary Outcomes	Complications, % (n/N)
	Choroidal Melanoma	Median Age (range): 60		(range): 30	Mortality, % (n/N)	 Neovascular
Retrospective Case	In disable of Countries Intent	years (19 to 83)	Median PBT Dose	(24 to 204)	• All-cause: 23.8%	glaucoma: 1.6%
Series	Indication: Curative Intent	Male: 62%	(range): NR	months	(15/63)	(1/63)
RoB: High			Additional		Disease-related: 10%	Radiation-related
UK Funding: None			Treatments in conjunction with PBT:		(6/63) 10-year actuarial all- cause mortality ± SE: 20% ± 0.05%	maculopathy and/or neuropathy: 23.8%, (15/63) • Cataract: 17.5% (11/63)
COI: None					10-year actuarial metastatic mortality ± SE: 12% ± 0.04%	• Exudative retinal detachment: 9.5% (6/63)
					Proportion of patients experiencing local recurrence: 3.2% (2/63)	Proportion of patients requiring enucleation, % (n/N): 6.3% (4/63)
					10-year Actuarial rate of eye retention: 95% (SE, 0.02)	Other safety outcomes 46.7% (7/15) of patients with irradiation the eyelid
					Visual acuity, % (n/N)	rim developed some degree of madarosis

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					• 6/12 or better: 50.8% (32/63) • 6/36 or better: 58.7% (37/63) Secondary Outcomes NR	53.3% (8/15) of the 15 patients whose treatment involved the eyelid rim reported subjective symptoms Grittiness: 46.7% (7/15) Itching: 20% (3/15) Epiphora: 13.3% (2/15) Foreign body sensation: 13.3% (2/15) Pain: 40% (6/15) 12.5% (6/48) of patients treated without eyelid rim involvement reported subjective symptoms Grittiness: 6.3% (3/48) Mild foreign body sensation: 4.2% (2/48) Tenderness: 4.2% (2/48) Mild epiphora: 4.2% (2/48) Redness: 6.3% (3/48)
Lane 2015 Retrospective Case Series	Diagnosis: Uveal melanoma- Choroidal and ciliary body tumors	N=3088 Median Age (range): 61.3 years (10.3 to 94.2)	PBT: NR Median PBT Dose (range): NR	Median F/U (range): 147.6 (12 to	Primary Outcomes Mortality, % (n/N) • All-cause: 48.3% (1490/3088)	NR

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
RoB: High	Indication: Curative Intent	Male: 49.9% Tumor Size:	Additional Treatments in	402) months	• Disease-related: 20.1% (620/3088)	
USA		Small: 31.2% (964/3088)	conjunction with PBT:		Cumulative all-cause	
Funding: The MEEI		Medium: 41.7%			mortality rate (95% CI) • 15-year: 49.0% (47% to	
Melanoma Research		(1287/3088)			51.1%).	
Fund provided		Large: 27% (835/3088)			*	
financial support					• 20-year: 58.6% (56.4%	
only		Ciliary body			to 60.8%)	
		involvement: 26.7%			• 25 year: 66.8% (64.2%	
COI: Dr.		(823/3088)			to 69.4%)	
Gragoudas reports						
having been an					Cumulative – unadjusted	
advisor to Aura					melanoma-related	
Biosciences and					mortality rates	
MPM Capital; having					• 15-year: 24.6% (22.8%	
received					to 26.4%)	
royalties from QLT					• 25 year: 66.8% 24.5%	
Phototherapeutics					to 28.5%)	
Inc; and having been a						
consultant for Ocata					Proportion of patients	
Therapeutics					developing metastasis:	
(formerly known as					53.1% (639/3088)	
Advanced Cell					Secondary Outcomes	
Technology Inc). All					NR	
other authors report					INIX	
none						
Papakostas 2017	Diagnosis:	N=336	PBT: NR	Median F/U	Primary Outcomes	Proportion of Patients
	Large uveal melanomas	Median Age (range): 61		(range): 84	Visual acuity 20/200	Developing
Retrospective Case		years (24 to 90)	Total PBT Dose: 70 Gy	(2.8 to	or better (95% CI)	Neovascular Glaucoma:
Series	Indication: Curative Intent	Male: 55.4%	(RBE)			25.3% (85/336)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: Dr Papakostas is supported by the Ronald G. Michels Fellowship Foundation COI: Dr Gragoudas reported receiving grant support from the Grimshaw Gudewitz Foundation and serving as a paid consultant for Astellas Pharma, Aura Pharmaceuticals, Iconic Therapeutics, and QLT. Dr Kim reported receiving grant support from Genentech and serving as a paid advisory board member for Castle Biosciences and Iconic Therapeutics. No other disclosures were reported.		Tumor Characteristics • Median Tumor Height: 8.7 mm (range, 2 to 17.1) • Retinal Detachment: 76.2% (256/336) Baseline Visual Acuity • 20/40 or better: 39% (131/336) • 20/50 to 20/100: 22.0% (74/336) • 20/125 to 20/800: 23.5% (79/336)	Additional Treatments: NR	286.8) months	• 1-year: 48.6% (41.8 to 55.0) • 3-years: 22.6% (16.9 to 28.9) • 5-years: 15.9% (10.6 to 22.1) • 10-years: 8.7% (4.1 to 15.6) Eye Retention (95% CI) • 1-year: 95.1% (92.1% to 97.0%) • 3-years: 85.8% (80.9% to 89.5%) • 5-years: 77.4% (71.1% to 82.5%) • 10-years: 70.4% (61.5% to 77.6%) Rates of Local Recurrence (95% CI) • 1-year: 2.3% (1.1% to 4.8%) • 3-years: 5.0% (2.9% to 8.5%) • 5-years: 7.8% (4.8%-12.6%) • 10-years: 12.5% (6.5%-23.2%) Melanoma-related Mortality Rates (95% CI)	Kaplan-Meier Estimates of Neovascular Glaucoma • 1-year: 6.5% (4.2 to 9.9) • 3-years: 28.4% (23.2 to 34.5) • 5-years: 34.9% (28.9 to 41.7) • 10-years: 36.1% (29.8 to 43.2)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					• 1-year: 2.4% (1.22% to	
					4.80%)	
					• 10-years: 48.5% (43.0%	
					to 54.4%)	
					Secondary Outcomes NR	
Patel 2016	Diagnosis:	N=351	PBT: NR	Median F/U	Primary Outcomes	Proportion of patients
rater 2010	Choroidal melanoma located	Mean Age (range): 58	FDI. NIX	(range):	Proportion of Patients	undergoing
Retrospective Case	1 disc diameter or less from	years (14.62 to 91.47)	Total PBT Dose: 50 Gy	68.7 (0.8 to	Developing a Secondary	enucleation, % (n/N):
Series	the fovea and more than 1	Male: 55.3%	(RBE)	264.7)	Metastasis: 19.9%	6% (22/351)
	DD away from the optic nerve			months	(70/351)	
USA		Median Tumor Size: 12	Additional			
5 1: 1:0	Indication: Curative Intent	mm x 4 mm	Treatments: None		Mortality, % (n/N)	
Funding: NR		Tumor Characteristics			• Disease-related: 19.9%	
COI: NR		Tumor characteristics Tumors within 1 disc			(70/351) [all of	
COI. WK		diameter of the			secondary metastasis]	
		fovea: 97.4%				
Provides subgroup		(343/351)			Visual Acuity, % (n/N)	
analysis by tumor		• Tumors involving the			• 20/40 or better: 18.8%	
size, presence of		fovea: 25.6%			(66/351)	
comorbidities, age,		(90/351)			• 20/50 to 20/100:	
etc		• Tumors >2 DD away			25.6% (90/351)	
		from the nerve:			• 20/125 to 20/800:	
		49.6% (174/251)			25.6% (90/351)	
					Counting Fingers or	
		Comorbidities			worse: 39.3%	
		• Diabetes: 8.3%			(138/351)	
		(29/351)				
		• Hypertension: 29.4%			Cumulative Rates of	
		(72/351)			Vision Retention after	
					Irradiation in patients	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Polishchuk 2017 Prospective Case Series RoB: High	Diagnosis: Uveal Melanoma Indication: Curative Intent	N=645 Median Age (range): 60.3 years (17 to 94) Male: 51% Tumor Characteristics Favorable vs.	PBT: NR Total PBT Dose: 56 Gy (RBE) Additional Treatments: NR	Median F/U (range): 52.9 (2.6 to 212.8) months	with baseline vision of 20/200 or better 1-year: 77.7% 3-years: 53.5% 5-years: 35.5% For those patients with a baseline visual acuity of 20/40 or better, 61.7% and 16.2% of patients retained this level of vision 1 year and 5 years after proton beam irradiation Secondary Outcomes NR Primary Outcomes Best Corrected Visual Acuity, % (n/N) Favorable BCVA group - 24-months - BCVA ≥ 20/100: 70%	NR
USA Funding: NR		Unfavorable: 66% (425/645) vs. 34% (220/645)			- 60-months - Maintained BCVA ≥ 20/40: 45% - Declined BCVA to	
COI: None Provides Multivariate analysis in the favorable BCVA		Mean Tumor Diameter ± SD: 10.7 mm ± 3.4 mm Mean Distance to fovea ± SD: 4 mm ± 4.3			- Declined BCVA to between 20/50 and 20/100: 10% - Declined to BCVA of counting fingers or worse: 27% • Unfavorable BCVA group	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Group to identify significant independent predictors of BCVA loss		Involving ciliary body, % (n/N): 10% (66/645) Involving macula, % (n/N): 30% (191/351)			- 24-months - BCVA ≥ 20/100: 36% - 60-months - Improved BCVA ≥ 20/40: 12% - BCVA between 20/50 and 20/100: 9% - BCVA between 20/200 and 20/400: 11% - BCVA of counting fingers or worse: 68%	
					Secondary Outcomes NR	
Rahmi 2014	Diagnosis:	N=36	PBT: proton fixed	Median F/U	Primary Outcomes	Post-irradiation
Retrospective Case	Iris Melanomas	Median Age (range): 54.4 years (22–82)	horizontal beam line	(range): 50 (15 to	Proportion of patients achieving local control:	complications, % (n/N)Post-irradiation
Series	Indication: Curative Intent	Male: 66.7%	Total PBT Dose: 60	136)	100%	cataract: 62%
			Cobalt Gray	months		(25/36)
RoB: High		Tumor Characteristics	Equivalent		Mortality, % (n/N)	Glaucoma (new
		Unilateral: 100%			• All-cause: 5.6% (2/36)	case): 6% (2/36)
France		Mean Visual Acuity: 20/25	Additional Treatments: NR		• Disease-specific: 0%	Hyphema: 3% (1/36)
Funding: NR		Pseudophakic: 5.6%	meatments: NK		(0/36)	Recurrent corneal
		(2/36)				ulcer: 6% (2/36)
COI: None		Ciliary Body			Mean BCVA at last	Dystrophic corneal
		involvement: 17%			follow-up: 20/32	edema: 3% (1/36)
		(6/36)				• Uveitis: 3% (1/36)
					Secondary Outcomes	Blephartitis: 3% (1/26)
					NR	(1/36)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Mean tumor diameter: 3.8 mm (range, 2.5 to 8) Primary Tumor Location Inferior Iris: 72% (26/36) Infero-nasal quadrant: 33% (12/36) Inferiorly: 25% (9/36) Inferotemporally: 14% (5/36) Superioir Iris: 25% (9/36) Superiorly: 6% (2/36); Superonasally: 6% (2/36) Comorbidities Cataract: 11% (4/36) Hyphema: 3% (1/36)				 Temporary dry eye syndrome with conjunctival hyperemia and delayed conjunctival telangiectasia: 61% (22/36) Sectorial iris atrophy: 3% (1/36) Proportion of patients requiring enucleation, % (n/N): 0% (0/36)
Riechardt 2014	Diagnosis: Recurrent uveal melanoma	N=48 Mean Age (range): 61	PBT: NR	Median F/U (range): 81	Primary Outcomes Overall Survival, 95 % CI	Proportion of patients receiving enucleation:
Retrospective Case Series	Indication: Salvage therapy	years (32 to 84) Male: NR	Total PBT Dose: 54.5 Gy (RBE)	(13 to 228) months	5-year: 89.1% (NR)10-year: 77.4% (NR)	2.1% (1/48)
RoB: High		Median tumor height ± SD : 3.8 mm ± 1.7	Additional Treatments: NR		Metastasis-free survival, 95% CI	
Germany		Primary Tumor Sites			5-year: 80.7% (NR)10-year: 70.1% (NR)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: NR		Subfoveally: 29.2% (14/48)			Proportion of patients	
COI: Dr Riechardt		Juxtafoveally: 12.5%			achieving local control	
has received travel,		(6/48)			10-years after PBT:	
accommodation,		Parafoveally: 52.1%			92.1%	
and meeting		(25/48)			92.170	
expenses support		Circumpapilary: 8.3%			Proportion of patients	
from the		(4/48)			experiencing re-	
EORTC/Melanoma		Juxtapapilary: 33.3%			recurrence: 6.3% (3/48)	
group. Dr Rehak has		(16/48)			1ecurrence: 0.570 (5/48)	
received speaker		Parapapulary: 52.1%				
honoraria from		(25/48)			10-year preservation of	
Novartis, Bayer, and		(23) 40)			the globe: 97.7%	
Allergan and has					1110 81020. 371770	
received travel,					Median Visual Acuity	
accommodation,					(range)	
meeting expenses					• Baseline: 20/63 (20/16	
support from					to hand movements)	
Novartis and Bayer.					• 5-year: 20/400 (20/50	
Dr Hager has					to hand movements)	
received travel,					to hand movements)	
accommodation,					5-year Kaplan-Meier	
and meeting					estimator for a VA worse	
expenses support					than 20/200, 95% CI:	
from the American					24%	
Academy of					2470	
Ophthalmology. Dr					Proportion of patients	
Joussen has					found to have no light	
received payment					perception: 4.2% (2/48)	
for development of						
educational					Secondary Outcomes	
presentations from					Requirement for	
Novartis and travel,					subsequent therapy	
accommodation,						
and meeting						

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
expenses support from Novartis, Alcon, and Allergan. Dr Gundlach was supported by Grant "Ernst und Berta Grimmke Stiftung", Ratingen, Germany Involved in Prof. M. H. Foerster established the therapy unit at Helmholtz Zentrum Berlin and was responsible for the indications for treatment and the therapy of the patients till the end of 2009.					 Cataract Surgery: 25% (10/40 pre-PBT phakic patients) Vitrectomy: 12.5% (6/48) 	
Riechardt 2017 Retrospective Case	Diagnosis: Choroidal Melanoma	N=629 Mean Age (range): 59.3 (16 to 88) years	PBT: NR Total PBT Dose: 60	Median F/U (range): 62.4 months	Primary Outcomes 5-year OS (95% CI): 94% (92% to 96%)	5-year Kaplan-Meier estimator for the absence of radiation-
Series RoB: High	Indication: Curative Intent	Male: 52.2% Tumor Characteristics TNM Classification	Cobalt Gray Equivalents	(3.6 to 170.4)	5-year Metastasis Free Survival (95% CI): 90% (87% to 92%)	induced retinopathy (95% CI): - All patients: 14.2% (NR)
Germany Funding: None		T1: 38.3% T2: 47.7%			5-year Kaplan-Meier analysis of tumor-	- Patients with Neovascular Glaucoma: 3% (NR)
COI: None		T3: 12.7% T4: 1.3%			associated death (95% CI): 3% (1.8% to 4.9%)	3/0 (INN)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Secondary Outcomes NR	- Patients without Neovascular Glaucoma: 15.5% (NR) 5-year Kaplan-Meier estimator for the absence of optic neuropathy (95% CI): • 5-year - All Patients:36.6% (NR) • 3-year - Patients with Neovascular Glaucoma: 6.1% - Patients without Neovascular Glaucoma: 32.1% Log-rank p- value<0.001 5-year Kaplan-Meier estimation for Neovascular Glaucoma (95% CI): 10.5% (8% to 13.5%) Proportion of patients developing neovascularization of the iris: 20.8% (131/629) - Neovascular glaucoma: 47.3% (62/131) [68.3% of

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Sandinha 2014 Retrospective Case Series RoB: High UK Funding: None COI: None	Diagnosis: Iris Melanoma Indication: Curative Intent	N=150 patients, 150 eyes Median Age (range): Male: NR Tumor Characteristics Median Tumor Thickness: 2.4 mm (range, 1.1 to 4.9) Ciliary body involvement: 2% (3/150)	PBT: NR Total PBT Dose: 53.1 Gy (RBE)	Median F/U (range): 66 (24 to 108) months	Primary Outcomes Proportion of patients experiencing local recurrence: 5.3% (8/0150) [focal (n=2), diffuse (n=6)] Secondary Outcomes NR	which received laser coagulation] Proportion of patients requiring Enucleation: 4% (25/629) [FN: Due to local recurrence (n=10), phthisis bulbi (n=2) and multiple vitreoretinal surgeries, amaurosis, and decompensation of intraocular pressure without Neovascular glaucoma (n=1)] Proportion of eyes requiring enucleation: 4% (6/150 eyes) 1 eye underwent iridocyclectomy and 1 received a second course of PBT
Schönfeld 2014 Retrospective Case Series	Diagnosis: Choroidal melanoma of the intermediate zone of the fundus	N=62 Mean Age (SD): 57.7 years (13.6) Male: 46.8%	РВТ:	Median F/U (range): 70.3 (NR) months	5-year rate of local tumor relapse: 3.9%	Proportion of patients receiving Enucleation, % (n/N): 3.2% (2/62)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Tumor Characteristics Mean tumor size: 7.6 mm (1.7 to 12.6) Tumor-to-fovea distance: 2 mm to 10.1 mm Tumor-to-disc distance: 2.0 to 11.3 mm Comorbidities Diabetes mellitus: 3.2% (2/62) Glaucoma: 3.2% (2/62) Exudative retinal detachment: 48 eyes	Total PBT Dose: 60 Cobalt Gray Equivalents Additional Treatments PBT alone, n=18 (29%) PBT plus subsequent endoresection, n=44 (71%)	F/U	Cumulative Local Tumor Control (95% CI): -5-year: 96.1% (NR) -10-year: 96.1% (NR) 5-year rate of distant metastasis: 13.4% Metastasis-free survival (95% CI) 5-year: 86.6% (NR) 10-year: 81.8% (NR) Cumulative metastasis-related mortality 5-year: 10.6% 10-year: 16.9% Mortality, % (n/N) Disease-related: 12.9% (8/62) All-cause: 16.1% (10/62) Visual acuity, % (n/N)	5-year rate of enucleation: 3.7% Proportion of patients requiring enucleation: 3.2% (2/62)
					 High (20/16 to 20/50 Snellen or -0.1 to 0.4 logMAR) baseline: 66.1% (41/62) 	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					- final follow-up: 27.4% (17/62) • Medium (20/63 to 20/160 Snellen or 0.5 to 0.9 logMAR): - baseline: 25.8% (16/62) - final follow-up: 19.4% (12/62) • Low (20/200 Snellen or 1.0 logMAR and worse) - baseline: 8.1% (5/62) - final follow-up: 53.2% (33/62)	
					Secondary Outcomes Subsequent Treatments: Phacoemulsification with intraocular lens implant to the posterior chamber: 69.4% (43/62) Cataract surgery: NR, but indicated to be common Virectomy: 71% (44/62) Secondary irradiation owing to recurrent tumor growth: 1.6% (1/62)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Surgical intervention for proliferative vitreoretinopathy or Nonresorbing exudative detachment: 6.5% (4/62)	
Mathis 2018 Prospective Case Series RoB: High France Funding: NR COI: Thibaud Mathis: Bayer, Novartis, Allergan; Laurent Kodjikian: Consultancy for Bayer, Novartis, Allergan, Thea, Alcon.	Diagnosis: Ocular Tumors [Choroidal/Ciliary Body Melanoma (75.3%), Conjunctival Melanomas or Carcinomas (8%), Iris Melanoma (4.4%), Choroidal hemangiomas (2.3%), Eyelid Tumors (1.7%), Other (7.8%) Indication: Curative Intent	N=474 Mean Age (SD): 63.1 years (13.9) Male: 50%	PBT: Beam delivery technique used a single thin tantalum scattering foil associated with Plexiglas range shifter and modulating wheel providing spread-out Bragg peak Total PBT Dose: 60 Gy (RBE)	Median F/U (range): 16.8 (NR) months	Primary Outcomes NR Secondary Outcomes NR	Proportion of patients experiencing phosphenes following PBT: 62.93% (298/474)
Seibel 2017 [This study contains heavy cross over with patients	Diagnosis: Choroidal (94.9%) or ciliary body (5.1%)melanoma Indication: Curative Intent	N=2499 Median Age (range): 61 years (15 to 94) Male: % Tumor Characteristics	PBT: NR Total PBT Dose: 60 cobalt gray equivalent	Median F/U (range): 51.2 (12 to 170) months	Primary Outcomes NR Secondary Outcomes NR	Adverse Events (all patients), % (n/N) Radiation retinopathy: 53.4% (1334/2499) Neovascular glaucoma: 12.6%(315/2499)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
included in Seibel		T Category	Additional			Radiation optic
2016b]		T1: 27.9%	Treatments			neuropathy: 54.8%
		T2: 37.9%	Endoresection: 17.8%			(1370 /2499)
Retrospective Case		T3: 24.7%	(445/2499)			
Series		T4: 9.5%	Endodrainage-			5-year rates of globe
		Stage	Virectomy: 9.7%			preservation (95% CI):
RoB: High		I: 25.4%	(242/2499)			94.8% (NR)
		IIA: 33.4%	Transscleral resection:			
Germany		IIB: 20.0%	5% (125/2499)			5-year rates of
		IIIA: 11.8%				neovascular glaucoma:
Funding: None		IIIB: 3.9%				• Endoresection Group
		IIIC: 0.5%				(n=445): 11.6%
COI: Antonia		Median Tumor				Endodrainage group
Joussen: Payment		Thickness: 5.8 mm				(n=242): 21.3%
for development of		(range, 1 to 16.4)				p=0.03
educational		Median largest basal				p - 0.03
presentations		diameter: 12.2 mm				5-year rates of optic
(Novartis Pharma		(range, 1 to 26.1)				neuropathy
GmbH, Nurnberg,		Median distance to				Endoresection Group
Germany) and		fovea: 1.9 mm (range,				(n=445): 58.4%
travel/accommodati		0 to 21.5)				' '
ons/meeting		Median distance to				• Endodrainage group
expenses (Novartis		optic disc: 2.7 mm ((n=242): 43.7%
Pharma GmbH,		range, 0 to 22.2.0)				
Nurnberg, Germany;						Enucleation Free
Alcon Pharma						Survival:
GmbH, Freiburg im						Endoresection Group
Breisgau, Germany;						(n=445)
and Pharm-Allergan						- <i>5-year:</i> 94.8% (95%
GmbH, Frankfurt am						CI, NR)
Main, Germany). All						- 10-year: 92.2% (95%
other report no COI.						CI, NR)
						Endodrainage group
						(n=242)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- 5-year: 94.3% (95% CI, NR) - 10-year: Not Calculable • No adjuvant surgery group (n=1812): - 5-year: 93.5% -10-year: 52.1%
						Proportion of patients requiring enucleation: 4.4% (110/2499) Owing to neovascular glaucoma: 3.1% (78/2499) Owing to local recurrence: 1.1% (27/2499) Owing to scleral necrosis: 0.2% (4/2499) Owing to choroidal hemorrhage: 0.04% (1/2499)
Seibel 2016b [This study contains heavy cross over with patients included in Seibel 2017]	Diagnosis: Choroidal or ciliary body melanoma Indication: Curative Intent	N=1127 Median Age (range): 61 years (16 to 89) Male: 4.5% Tumor Characteristics Median Tumor Thickness (range): 3.6	PBT: NR Total PBT Dose: 60 Cobalt Gray Equivalent Additional Treatments: None	Median F/U (range): 46.2 months (12 to 170.4)	Primary Outcomes Median Visual Acuity (range) Baseline: 0.3 logMAR (hand motions to 0.0 logMAR) Final follow-up: 1.3 logMAR (no light	Incidence of radiation- induced complications, % (n/N) Retinopathy: 68.1% (768/1127) Neuropathy: 41% (463/1127)
Retrospective Case Series		mm (0.1 to 14.1 mm)			perception to 0.0 logMAR)	Retinopathy-free survival

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
RoB: High		Largest basal diameter (range): 10.9 mm (3.0 to 22.4 mm) Median			Secondary Outcomes NR	1-year: 87%2-year: 53%3-year: 33%
Funding: None		distance to fovea (range): 0.6 mm (0 to 18.5 mm)				4-year: 21%5-year: 15%10-year: 7%
COI: Prof. A. Joussen and Dr. M. Rehak report personal fees from Bayer, personal fees from Novartis, and personal fees from Allergan, outside the submitted work. All other authors report no COI		Median distance to optic disc (range): 1.6 mm (0 to 18.7 mm) Median distance to equator (range): 5.4 mm (0 to 18.0 mm)				Optic neuropathy-free survival 1-year: 92% 2-year: 73% 3-year: 61% 4-year: 52% 5-year: 48% 10-year: 26%
						Proportion of patients that developed radiation retinopathyrelated macular edema (n=490 patients with information available): 30% (163/490)
Thariat 2016 [Overlap of patients in Thariat 2016/2017a/2017b/2017c] Retrospective Case Series	Diagnosis: Parapapillary Uveal Melanoma [Tumors that are close to the optic disk, as opposed to those that are touching the optic disk] Indication: Curative Intent	N=865 Mean Age: 61.7 years (range, 13 to 93) Male: 52.2% Tumor Characteristics • Median maximal diameter: 14.40 mm • (range, 4.1-24.0 mm)	PBT: NR Total PBT Dose: 52 Gy (RBE)	Median F/U (range): 69 months (6 to 240)	Primary Outcomes Overall Survival (95% CI) • 2-year: 94.5% (NR) • 5-year: 82.4% (NR) • 10-year: 69.7% (NR) • 15-year: 57.7% (NR) Metastasis-Free Survival (95% CI)	Proportion of patients requiring enucleation: 12% (104/865) Adverse Outcomes, % (n/N) Intravitreous hemorrhage or hyphema: 11.5%

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
RoB: High France Funding: NR COI: None Provides subpopulation analysis based on age, comorbidities, tumor characteristics, etc.		 Median maximal thickness: 4.90 mm (range, 1.0-14.70 mm) Median distances to the papilla: 0.90 mm (range: 0.00-3.00) Median distance to the macula: 0.90 mm (range: 0.00-8.00) Tumor abutted the papilla: 35.1% of tumors Tumor-to-fovea distance ≤3 mm: 74.2% of patients Peritumoral retinal detachment: 35% Inferior retinal detachment: 15.7% Comorbidities Extensive retinal Detachment: 2.1% Intravitreous hemorrhage: 7.4% Cataracts: 22.6% Pseudophakic: 9.8% 			• 2-year: 98.5% (NR) • 5-year: 95.6% (NR) • 10-year: 70% (NR) • 15-year: 55.4% (NR) • 15-year: 55.4% (NR) Mean Relapse-free Survival (95% CI) • 2-year: 96.6% (NR) • 5-year: 92.7% (NR) • 10-year: 88.8% (NR) Proportion of patients experiencing local recurrence: 10.5% (91/865) Mortality, % (n/N): • All-cause: 20.9% (181/865) Visual Acuity, % (n/N), Baseline vs. last follow-up • Ability to experience light perception: 80.5% vs. 80.8% • ≤1.0 logMAR (≥20/200): 61.6% vs. 47.2% • Mean change in visual	 Peritumoral retinal detachment: 12.5% Inferior retinal detachment: 1.1% Extensive retinal detachment: 1.6% Development of new cataracts: 6.1% Inflamation: 10.5% Dry eye syndrome: 9.4% (0.4% with focal corneal ulceration) Neovascular Glaucoma: 17.9% Radiation-induced optic neuropathy: 47.5% Maculopathy: 33.6%
					acuity: 0.89 logMAR	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					 Median change in visual acuity: 0.70 logMAR Proportion of patients that lost >0.3 logMAR: 38.3% Proportion of patients with steady or better logMAR: 38.3% 	
					Secondary Outcomes NR	
Thariat 2017a	Diagnosis: Uveal Melanoma	N=853	PBT: NR	Median F/U	Primary Outcomes	Incidence of Dry Eye
	[with specific focus on which	Median Age ± SD: 64		(IQR): 44	Overall Survival, 95% CI	Syndrome – all grades
[Overlap of patients	quadrant the tumor is located	years ± 13.8	Total PBT Dose: 52 Gy	(18 to 60)	• Temporal: 85.6%	(95% CI)
in Thariat	in]	Male: 48.2%	(RBE)	months	(78.1% to 90.7%)	• 1-year: 6% (4.5% to
2016/2017a/2017b/					• Superotemporal: 95.5%	7.9%)
2017c]	Indication: Curative Intent	Tumor Characteristics			(86% to 98.6%)	• 2-year: 11.2% (9.1%
		Maximal tumor			• Other: 89.5% (85.5% to	to 13.8%)
Retrospective Case		diameter ± SD:			92.5%)	• 5-year: 23% (19% to
Series		15.7mm ± 4.7			p=0.471	27.7%)
		Tumor Height ± SD:			P 0	,
RoB: High		5.6mm ± 2.8			Incidence of locoregional	Incidence of Severe Dry
F		Distance to optic disk ±			relapses, 95% CI	Eye Syndrome (95% CI)
France		SD: 5mm ± 4.9			• Temporal: 6.2% (2.9%	• 1-year: 2.1% (1.3% to
Funding: None		Tumor Location			to 12.6%)	3.4%)
Funding: None		(quadrant)			• Superotemporal: 6.4%	• 2-year: 4.8% (3.5% to
COI: NR		Temporal: 30.5%			(2.2% to 17.8%)	6.8%)
COI. INK		(260/853)			• Other: 5.4% (3.3% to	• 5-year: 10.9% (8.2%
		Superotemporal:			· ·	` `
Provides univariate		11.4% (97/853)			8.8%)	to 14.4%)
and multivariate		Other: 58.2%			p=0.689	
analyses of		(496/853)				

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
prognostic factors for severe dry eye syndrome and differential visual acuity		Comorbidities Diabetes: 12.2% (69/853) [Data presented as reported in study] High blood pressure 28.4% (184/853) [Data presented as reported in study] Menopausal status (for females) 81.5%			Incidence of metastasis, 95% CI • Temporal: 16.9% (11.8% to 24%) • Superotemporal: 14.5% (7.2% to 28%) • Other: 14.5% (10.9% to 19.2%) p=0.903 Secondary Outcomes NR	Proportion of patients requiring enucleations: 3.4% (29/853)
Thariat 2017b	Diagnosis:	(360/853) N=1696	PBT: NR	Median F/U	Primary Outcomes	Cumulative
manat 20175	Uveal Melanoma (without	Median Age (SD): 59.9	T D I . NIK	(IQR): 49	5-year Overall Survival,	incidences of cataracts,
[Overlap of patients	preexisting cataracts or	years (13.8)	Total PBT Dose: 60 Gy	months (23	95% CI	95% (CI)
in Thariat 2016/2017a/2017b/	implants]	Male: 50.1%	(RBE)	to 90)	87.4% (85.4% to 89.2%)	• 1-year: 4.9% (4.0% to 6.1%)
2017c]	Indication: Curative Intent	Tumor Characteristics Mean Tumor Diameter			Proportion of patients experiencing relapse:	• 3-year: 12.0% (10.4% to 13.8%)
Prospective Case		± SD: 14.7 ± 4.3			5.7% (97/1696)	• 5-year: 18.7%
Series		Median distance to optic disk (IQR): 3.9				(16.5% to 21.1%)
RoB: High		(1.4 to 7.3)			Secondary Outcomes NR	Cumulative
France		Comorbidities Diabetes: 5% (85/1696)				incidences of vision impairing cataracts,
Funding: NR		Hypertension: 11.7% (198/1696)				95% (CI) • 1-year: 1.2% (0.8%
COI: NR		(190/1090/				to 1.9%)
		Stage				• <i>3-year:</i> 6.7% (5.5%
		T1-T2: 57.1%				to 8.1%)
Provides univariate		(967/1696)				• 5-year: 12.8%
analysis for		T3-T4: 42.9%				(10.9% to 14.9%)
		(726/1696)				

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
predictors of vision impairing cataracts Thariat 2017c [Overlap of patients in Thariat 2016/2017a/2017b/2017c] Retrospective Case Series RoB: High France Funding: NR COI: NR Provides prognostic factors for vision loss	Diagnosis: Iris Melanoma Indication: Curative Intent [8.4% (9/107) had previous proton therapy for incomplete resection]	N=107 Median Age (range): 57 years (22.8 to 86.7) Male: 44.4% Tumor Characteristics Unilateral: 100% Median tumor diameter (IQR): 4.49 (2.7 to 6.4) Ciliary body involvement: 22.4% (24/107) Comorbidities Pupillary deformation: 68.6% (72/107) Cataracts: 31.7% (34/107) Tumor Stage T1: 72.9% (78/107) T2: 21.5% (23/107) T3: 5.6% (6/107)	PBT: NR Total PBT Dose: 60 Gy (RBE) Additional Treatments Fine-needle aspiration biopsy: 12.4% (13/107) Primary sectorial iridectomy: 9.3% (10/107) Iridectomy for benign lesion 20 years before diagnosis: 0.9% (1/107) Fine-needle aspiration biopsy and iridectomy: 1.8% (2/107)	Median F/U (range): 49.5 months (1.1 to 151.6)	Primary Outcomes Proportion of Patients Experiencing Local Relapse: 4.7% (5/107) 5-year cumulative incidence of relapse, 95% CI: 7.5% (3.1% to 17.5%) Mortality, % (n/N) • All-cause: 6.5% (7/107) [FN: n=3 of other cancers, n=2 of cardiovascular comorbidities] • Disease related: 0% (0/107) Visual Acuity, % (n/N) • Improved or remained stable: 59.4% (60/101) • Median BCVA, baseline vs. last-follow-up: 1.0 logMAR vs. 0.9 logMAR (range, 0.0 to 1.0); p<0.001 Secondary Outcomes	Proportion of patients having enucleation: 8.6% (146/1696) Proportion of pre-PBT cataract free patients experiencing cataracts post PBT (n=54): 51.1% (31/54) Adverse Outcomes, % (n/N) Atrophic neuropathy: 4.7% (5/107) Hyphema: 4.7% (5/107) Uveitis: 3.7% (4/107) Scleral necrosis: 0.9% (1/107) Transient dry corneal syndrome: 53.8% (35/65) Mild and transient conjunctival complications: 50.8% (33/65) Transient blepharitis: 0.9% (1/107) Sectorial Madrosis: 1.8% (2/107) Chronic Corneal complications 5.6%
					NR	(6/107)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						Proportion of Patients
						Developing Secondary
						Glaucoma: 7.6%
Weber 2015	Diamenia:	N=77	PBT: NR	Median F/U	Duimanu Outaanaa	(8/107)
weber 2015	Diagnosis: Non-Peripapillary Choroidal	Median Age (range): 60	PBI: NK	(range): 47	Primary Outcomes Overall Survival, 95% CI	Ocular Complications,
Retrospective Case	and Ciliary Body	years (28 to 88)	Total PBT Dose: 60 Gy	months (0	• 2-year: 91.1% (NR)	% (n/N)
Series	Melanoma	Male: 60%	(RBE)	to 221)	• 5-year: 76.8% (NR)	• Radiation
00.100			()	,	• 10-year: 62.7% (NR)	retinopathy: 25%
RoB: High	Indication: Curative intent	Tumor Characteristics			• 10-yeur. 02.770 (NN)	• Catarct: 54%
_		Tumor Type			Ocular (Local) Control,	• Rubeosis: 45%
Canada		Chorodial			95% CI	Neovascular
		Melanoma: 88%			• 2-year: 98.5% (NR)	Glaucoma: 23%
Funding: NR		(68/77)			• 5-year: 85.1% (NR)	Gladollia. 2570
COL None		Ciliary Body			• 10-year: 85.1% (NR)	Proportion of patients
COI: None		Melanoma: 12% (9/77)			, , , , , , , , , , , , , , , , , , , ,	requiring enucleation:
		Unilateral: 100%			Metastasis-free Survival,	15.6% (12/77) [n=2 due
Also provides		(77/77)			95% CI	to ocular recurrence;
outcomes based on		Ciliary Body			• 2-year: 89.6% (NR)	n=10 due to toxicity]
stage		involvement: 35%			• 5-year: 71.6% (NR)	
		(27/77)			• 10-year: 57.2% (NR)	Rates of Enucleation:
		Angle involvement:				• 2-year: 4.2%
		85% (65/77)				• 5-year: 22%
					Proportion of patients	• 10-year: 22%
		Stage			maintaining visual acuity	
		T Stage: T1: 12% (9/77)			of counting fingers or	
		T1: 12% (9/77) T2: 27% (21/77)			better (n=75) • 2-year: 73.2%	
		T3: 56% (43/77)			• 5-year: 61.4%	
		T4: 5% (4/77)				
		Stage:			• 10-year: 61.4%	
		I: 4% (3/77)			Proportion of patients	
		IIa: 29% (22/77)			maintaining visual acuity	
		IIb: 45% (35/77)			The state of the s	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		IIIa: 18% (14/77) IIIb: 3% (2/77)			of 20/200 or better (n=67)	
		IIIc: 1% (1/77)			• 2-year: 56.8%	
					• <i>5-year</i> : 37%	
					• 10-year: 37%	
					Proportion of patients maintaining visual acuity of 20/50 or better in tumor-effected eye (n=50) • 2-year: 60.4% • 5-year: 39.5% • 10-year: 39.5%	
					• 10-year: 39.5%	
					Secondary Outcomes NR	
Wildering 2015	Diagnosis: Iris melanoma	N=54	PBT: 68-megaelectron	Median F/U	Primary Outcomes	Proportion of patients
		Median Age (range): 60	volt proton beam	(range):	5-year Probability of	receiving enucleation:
Retrospective Case		years (10 to 89)		54.8 months	Local Tumor Control:	5.6% (3/54)
Series	Indication: Curative Intent	Male: 51.9%	Total PBT Dose : 50 Cobalt Grey	(5.5 to 159.6)	94.7% (95% CI NR)	Proportion of patients
RoB: High	Curative intent	Tumor Characteristics Contact with the	Equivalent	139.0)	5-year Probability of Eye Retention (95% CI):	having developed glaucoma following
Germany		anterior chamber	Additional		95.1% (NR)	PBT : 29.6% (16/54)
Funding: NR		angle: 92.6% (50/54) Signs of diffuse tumor	Treatments Biopsy: 44.4% (24/54)			Proportion of patients
Tunding. WK		seeding to the anterior	Biopsy: 44.470 (24/54)		Proportion of patients	developing radiation
COI: none		chamber angle or iris			developing metastasis:	induced cataract:
		surface: 90.7% (49/54)			(1/54)	42.6% (23/54)
		Ciliary body extension:				
Provides analysis for		9.3% (5/54)			Median Visual Acuity	Proportion of patients
vision loss based on		Chara			Baseline: 20/25	developing radiation
presence or absence		Stage			• 1-year: 20/32	induced cataract or had
of glaucoma		T1: 88.9% (48/54)				a cataract worsen due

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		T2: 7.4% (4/54) T3: 3.7% (2/54)			 2-year: 20/35 3-year: 20/40 5-year: 20/45 7-year: 20/35 Kaplan-Meier estimates for vision loss (95% CI) 3-year: 9.2% (NR) 5-year: 18.4% (NR) Mean intraocular pressure (range) Baseline: 21 mm Hg (10 to 65) Final follow-up: 21 mm Hg (8 to 60) Secondary Outcomes NR	to radiation: 81.5% (44/54) Proportion of patients with recurrent, but finally healed, corneal erosion: 3.7% (2/54) Transient Hyphaema: 3.7% (2/54) Iris Rubeosis: 1.9% (1/54) Engorgement of perilimbal conjunctival vessels developed frequently. During tumour regression, visibility and engorgement of tumour vessels arose in some patients.
Wildering 2016 Retrospective Case Series RoB: High	Diagnosis: choroidal or ciliochoroidal, nonmetastasised melanoma with a minimum tumor thickness of 7 mm and a largest basal diameter of	N=106 Mean Age (range): 57.7 years (25 to 81) Male: 51.9% Tumor Characteristics	PBT: Neoadjuvant PBT Total PBT Dose: 54.5 Gy Additional	Median F/U (range): 38.4 months (1.3 to 96.6)	Primary Outcomes Proportion of patients experiencing local recurrence: 4.7% (5/106) Kaplan-Meier estimates	Proportion of patients developing rubeotic glaucoma: 16% (17/106)
Germany Funding: NR COI: None	<23 mm Indication: Curative Intent	• Tumor type: - Choroidal melanoma: 18.9% (20/106)	Treatments All patients underwent transscleral resection following PBT		for local-recurrence (95% CI) • 3-year: 4.2% (NR) • 5-year: 10.4% (NR)	requiring enucleation: 9.4% (10/106) [n=1 due to local recurrence]

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Predictors of local recurrence and metastasis were investigated with log-rank testing		- Ciliochoroidal melanoma: (86/106) 81.1% • Median tumor thickness: 10.5 mm • Median largest basal diameter: 16.5 mm • Median tumor distance to fovea: 9.1 mm • Median tumor distance to optic disk: 8.5 mm • Anterior involvement: 23.6% (25/106) • Retinal detachment: (88/106) 83% • Extraocular extension: 12.3% (13/106) Stage: T1: (1/106) T2: (2/106) T3: (62/106) T4: (41/106)			Proportion of eyes that maintained visual acuity of 20/200 or better: (44/94 eyes) 46.8% Proportion of patients with a visual acuity of less than counting fingers, % (n/N) • 1-year: 16% (17/106) • 3-year: 11.3% (12/106) • 5-year: 6.6% (7/106) Secondary Outcomes Additional vitreoretinal surgery after transscleral resection: 69.8% (74/106) [Indications were intraocular hemorrhage (n=20), retinal detachment (n=13), both of the former (n=40)] Additional surgery for retinal detachment: 50% (53/106) Additional surgery for cataracts: 94% (94/100) initially phakic patients)	
Bellocq 2018 Retrospective Case Series	Diagnosis: Uveal Melanoma Indication: Curative Intent	N=508 Age 40 -49: 24.6%	NR	Mean F/U (for living patients):	Overall Survival (Standard Error) • All patients - 5-year: 74.1% (2%)	NR

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		50-59: 20.3%		239.4	- 10-year: 57.2% (2.4%)	
RoB: High		59–69: 29.1%		months	- 15-year: 46.5% (2.6%)	
		>70: 26.0%			 Patients that 	
France					developed metastasis	
		Male: 48%			(n=169)	
Funding: NR					- 1-year: 62.1% (3.8%)	
		Tumor laterality			- 2-years: 26.0% (3.5%)	
COI: Laurent		Right side: 50.8%			- 5-years: 6.0% (2.1%)	
Kodjikian was the		Left side: 49.2%				
Principal					Specific Survival (i.e.	
Investigator for trials		Location			death by metastasis)	
sponsored by		Pre-equatorial: 18.9%			(Standard Error)	
Novartis, Bausch		On the equator: 41.1%			- 5-year: 79.1% (1.9%)	
and Lomb, Théa,		Retro-equatorial: 40%			- 10-year: 67.6% (2.4%)	
Alcon; has sat on					- 15-year: 62.7% (2.6%)	
advisory boards for		Cilary body				
Alcon, Alimera,		involvement: 24.8%			Local Recurrence Free	
Allergan, Bayer,					Survival (Standard Error)	
Bausch and Lomb,		Distance to optic disk			- 5-year: 92.8% (1.2%)	
Novartis, Théa; and		(mm)			- 10-year: 91.3% (1.4%)	
received lecture fees		≤3 mm: 46.9%			- 15-year: 89.9% (1.7%)	
from Alcon, Alimera,		>3 mm: 53.1%				
Allergan, Bayer,					Metastasis Free Survival	
Bausch and Lomb,		Juxtapapillary location:			(Standard Error)	
Novartis, Théa. For		16.3%			- 5-year: 74.3% (2.0%)	
the remaining					- 10-year 65.7% (2.3%)	
authors there are no		Distance to macula			- 15-year: 58.4% (2.7%)	
conflicts of interest.		≤3 mm: 51.6%				
		>3 mm: 48.4%			<u>Proportion of Patients</u>	
					Developing Metastasis, %	
		Tumor stage			<u>(n/N)</u>	
Provides prognostic		T1: 35.1%			31.7% (169/508) [151 of	
data/analysis		T2: 40.7%			these patients died]	
		T3: 23.2%				
		T4: 1.0%				

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Tumor diameter ≤11 mm: 68.1% >11 mm: 31.9% Initial exudative retinal detachment: 71.7% Bruch's membrane rupture: 38.8% Iris root involvement: 4.1%			Mean Survival Time for Patients that Developed Metastasis (Standard Error) 1.78 (0.15) years	

BCVA = best corrected visual acuity; CI = Confidence interval; COI = Conflict of interest; F/U – Follow-up; Gy = Gray; IQR = interquartile range; NR = not reported; PBT = Proton beam therapy; PDT = photodynamic therapy; RBE = relative biological effectiveness; SD = Standard deviation; SE = standard error

Appendix Table M2. Study characteristics and patient demographics: comparative studies of proton beam therapy in ocular cancers

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Cohort studies							
Boker 2018 Retrospective matched-pairs cohort study Moderately High Germany	140 (match ed- pairs from a total of 242)	PBT (+ TSR) (n = 70 matched-pairs [out of 106]): Neoadjuvant PBT and subsequent transscleral resection (TSR); total dose 54.5 Gray (divided into 4 sessions of 15 CGE each); treated after 2004 Brachytherapy (+TSR) (n = 70 matched-pairs [out of 136]): Transscleral resection (TSR) and adjuvant ruthenium brachytherapy; mean dose 470 Gray (range 400-500); treated from 1993 to 2004	Inclusion: patients with large uveal melanomas that had been treated with transscleral resection with a predefined protocol, either with adjuvant ruthenium brachytherapy (Ru-106 group, n 136,), or with neoadjuvant proton beam therapy. Exclusion: NR	PBT vs. Brachytherapy Mean age (± SD): 57 ± 12 vs. 50 ± 12 years Male: 47% vs. 40% Histological type: Spindle cell: 47% vs. 47% Epitheloid: 53% vs. 53% Retinal detachment (No): 80% vs. 70% Tumor thickness (mean ± SD): 10.4 ± 1.7 vs. 10.3 ± 1.8 Ciliary body infiltration (Yes): 81% vs. 81%	F/U (median [range]): Tumor recurrence: 34.4 months (0.8 to 120 mos.) Tumor-specific survival and metastasis: 39.8 months (0.8 to 120 mos.) % F/U - All patients: CD* - PBT vs. Brachytherapy: CD*	Tumor recurrence rate (local tumor control) Tumor-specific survival and metastasis (systemic tumor control) Visual acuity Secondary complications	Funding NR Authors declare no COIs
Lin 2017 Retrospective	N=122 4 overall	PBT (n=228 overall, 226 matched cohort)	Inclusion: choroid melanoma, presented between 2004 and 2013	PBT vs. Brachytherapy Overall population	PBT: 29 mos. Brachytherapy: 37 mos.	OS	Funding NR Authors declare
cohort study	Overall	matched conorty	Setween 2004 and 2013	Overall population	37 11103.		no COIs

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
(National Cancer Database) Moderately High	N=452 prope nsity match ed cohort	median dose 56 Gy (range, 50 to 70.4) Brachytherapy (n=996 overall, 226 matched cohort)	Exclusion: nodal or metastatic disease, incomplete staging information including basal diameter and tumor thickness, or received surgery or chemotherapy	Mean age (±SD): 60.6 ± 13.0 vs. 61.0 ± 13.3 Male: 54% vs. 52% Caucasian: 86% vs. 96% Academic center: 99% vs. 76% Treatment center experience: >20 pts.: 90% vs. 77% >50 pts.: 90% vs. 56% Charlson-Deyo score: 0: 82% vs. 83% 1: 17% vs. 14% ≥2: 1% vs. 3% Tumor size: T1: 40% vs. 36% T2: 36% vs. 36% T3: 18% vs. 20% T4: 6% vs. 8% Ciliary or extraocular extension: 8% (18/224) vs. 11% (100/880) Basal diameter (mean ± SD): 10.5 ± 4.3 vs. 11.0 ± 7.9 Thickness (mean ± SD): 5.5 ± 6.1 vs. 5.8 ± 7.9 Propensity score-matched cohort Mean age (±SD): 60.6 ± 13.0 vs. 61.0 ± 13.5 Male: 54% vs. 54% Caucasian: 86% vs. 93%, p=0.046 Academic center: 99% vs. 98% Treatment center experience:	% F/U - All patients: CD† - PBT vs. Brachytherapy: CD†		

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				>20 pts.: 89% vs. 81%, p=0.02 >50 pts.: 89% vs. 67%, p<0.001 Charlson-Deyo score: 0: 82% vs. 82% 1: 17% vs. 15% ≥2: 1% vs. 3% Tumor size: T1: 39% vs. 42% T2: 37% vs. 34% T3: 18% vs. 18% T4: 6% vs. 6% Ciliary or extraocular extension: 8% vs. 9% Basal diameter (mean ± SD): 10.6 ± 4.3 vs. 9.9 ± 4.5 Thickness (mean ± SD): 5.5 ± 6.1 vs. 6.1 ± 10			
Sikuade 2015	191	PBT (n=106) insertion of	Inclusion: uveal melanoma, treated between 2001 and	PBT vs. Stereotactic radiotherapy	PBT: mean 34 mos. (median	Visual acuity	Funding NR
Retrospective cohort study Moderately High United Kingdom		tantalum markers performed under general anaesthesia; total dose of 58.4 Gy (53.1 Cobalt Gray equivalent) in four daily fractions Stereotactic radiosurgery (n=85): retrobulbar	Exclusion: nodal or metastatic disease, incomplete staging information including basal diameter and tumor thickness, or received surgery or chemotherapy	Mean age: 57 years (median 59, range 24 to 82) vs. 63 years (median 64, range 17 to 87), p=0.002 Male: 59% vs. 67% Left eye: 53% vs. 56% Right eye: 47% vs. 44% Mean basal diameter: 11.2 mm (median 11, range 3.6 to 20.8) vs. 9.6 mm (median 9.8, range 3.6 to 17.6), p=0.09	29, range 7 to 95) Stereotactic radiotherapy: mean 39 mos. (median 27, range 6 to 124) % F/U: CD‡	Complications	Authors declare no COIs

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		anesthesia with or		Mean thickness: 4.3 mm			
		without placement		(median 4, range 1 to 11.6) vs.			
		of stay-sutures in		3.9 mm (median 3.4, range			
		the horizontal		0.7 to 8.7)			
		rectus muscles;		Mean distance of tumor to			
		MRI or CT		the optic disc: 2.9 mm			
		guidance; dose of		(median 2, range 0 to 15) vs.			
		35 Gy delivered via		2.2 mm (median 0, range 0 to			
		Gamma Knife in a		18)			
		single session					

CD = cannot be determined; CI = Confidence Interval; COI = Conflict of Interest; F/U = follow-up; Gy = Gray; mm = millimeter; NR = Not Reported; OS = Overall Survival; PBT = Proton Beam Therapy; ROB = Risk of Bias; SD = Standard Deviation; TSR = Trans scleral resection

*Follow-up and differential loss to follow-up cannot be determined (number of eligible patients and number of patients lost not provided; of the 242 patients with large uveal melanomas and treated with transscleral resection, 57.8% (140/242) were matched and followed)

†Follow-up and differential loss to follow-up cannot be determined. Out of 7821 patients with non-metastatic choroid melanoma 64% (4981/7821) had incomplete or missing data. After study eligibility exclusions for surgery, RT to non-involved eye, coding not related to brachytherapy or PBT, use of boost RT and systemic therapy (n=1616), 996 brachytherapy patients and 228 PBT patients (n= 1224) were included in the analysis. Of the 1224 patients deemed includable by the authors, patients were matched 1:1 by propensity score resulting in 226 patients per treatment arm

‡Follow-up and differential loss to follow-up cannot be determined (number of eligible patients and number of patients lost not provided)

Appendix Table M3. Detailed data abstraction: comparative studies of proton beam therapy in ocular cancers

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Cohort studies			
Böker 2018	PBT vs. Brachytherapy	PBT vs. Brachytherapy	PBT vs. Brachytherapy
N=140 matched-pairs PBT (+TSR) (n=70; treated after 2004)) vs. Brachytherapy (+TSR) (n=70; treated from 1993 to 2004) Retrospective cohort study Moderately High Germany	Recurrence rate (95% CI): 3-year: 4% (1.2% to 17.8%) vs. 24.6% (15.8% to 37.1%), p<0.001 5-year: 9.1% (2.9% to 27.3%) vs. 27.5% (17.8% to 41.1%), p<0.001 10-year: 9.1% (2.8% to 27.3%) (3/70) vs. 36.5% (20.7% to 59.1%) (18/70); HR ~4 (95% CI NR), aHR 7.69 (95% CI 2.22 to 26.06) for brachytherapy, p<0.001 Overall recurrence rate: 24.3% (14.0% to 40.1%) (total of 21 tumor recurrences) 3-year overall: 14.8% (9.5% to 22.6%) 5-year overall: 18.6% (12.0% to 28.9%) Metastasis rate (95% CI): 3-year: 23.2% (5.6% to 37.1%) vs. 13.2% (6.8% to 24.9%), p=NS 5-year: 31.8% (20.7% to 46.8%) vs. 30.3% (18.3% to 47.5%), p=NS 10-year: 40.1% (26.6% to 58.6%) (19/70) vs. 56.9% (34.9% to 80.8%) (18/70); aHR 0.951 (95% CI 0.48 to 1.86) for PBT, p=0.884 Overall metastasis rate: 54.4% (35.7% to 75.4%) (total of 37 metastasis) 3-year overall: 18.5% (12.6% to 26.9%) 5-year overall: 30.1% (22.3% to 41.7%)	Visual acuity (logMAR), median (IQR) • Baseline: 0.4 (0.2 to 0.7) vs. 0.3 (0.1 to 0.7), p=0.031 • 1 year: 0.8 (0.5 to 1.3) vs. 1.5 (IQR 1-2), p<0.001 • 2 years: 1.2 (IQR 0.8–1.5) vs. 0.8 (IQR 0.4–1.2), p<0.001 • 3-5 years: PBT significantly worse than brachytherapy (p= 0.007, 0.036, 0.011) • 6-7 years: PBT worse than brachytherapy but difference not statistically significant (p=0.074 and 0.412) Enucleation 8.5% (6 eyes) vs. 15.7% (11 eyes), p=0.196	Complications • Rubeosis of the iris: 1.4% (1/70) vs. 0% (0/70), p=0.316 • Neovascular glaucoma: 1.4% (1/70) vs. 1.4% (1/70)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Lin 2017	PBT vs. Brachytherapy	NR	NR
N=1224 overall; 452 propensity score-matched cohort PBT (n=228 overall, 226 matched cohort) vs. Brachytherapy (n=996 overall, 226 matched cohort) Retrospective cohort study (National Cancer Database) Moderately High USA	OS (95% CI) Overall population: 2-year OS: 92% (NR) vs. 96% (NR) 5-year OS: 54% (NR) vs. 81% (NR), p<0.001 On multivariate analysis, the following were associated with increased risk of mortality: • older age (HR 1.05, 95% CI 1.04 to 1.07, p<0.001) • larger tumor diameter (12-18 mm, HR 2.25, 95% CI 1.54 to 3.27, p<0.001; >18 mm, HR 3.56, 95% CI 1.25 to 10.1, p=0.017) • treatment at academic facility (HR 2.07) • protons (HR 1.91, 95% CI 1.24 to 2.95), p=0.003 Propensity score-matched cohort: 2-year OS: 93% (NR) vs. 97% (NR) 5-year OS: 51% (NR) vs. 77% (NR), p=0.008 On multivariate analysis, the following were associated with increased risk of mortality: • older age (HR 1.06, 95% CI, 1.03 to 1.09), p<0.001 • larger tumor diameter (12-18 mm, HR 2.48, 95% CI 1.40 to 4.42, p=0.002; >18 mm, HR 6.41, 95%		
	CI 1.45 to 28.35, p=0.014) protons (HR 1.89, 95% CI 1.06 to 3.37) p=0.031		
Sikuade 2015	PBT vs. Stereotactic radiosurgery	PBT vs. Stereotactic radiosurgery	PBT vs. Stereotactic radiosurgery
N=191 PBT (n=106) vs.	Proportion Surviving: 87% (92/106) vs. 84% (71/85)	Enucleation : 1.9% (2/106) vs. 2.4% (2/85)	Radiation retinopathy: 30% (31/106) vs. 24% (20/85)

Study Intervention/ Comparator, Design, RoB, Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Stereotactic radiosurgery (n=85) Retrospective cohort study Moderately High United Kingdom The following were significantly associated with an increased likelihood of severe visual loss when treated with stereotactic radiosurgery compared with PBT: • tumor touching the optic nerve, p=0.008	Mortality: 13% (14/106) vs. 16% (14/85) due to metastatic disease: 6.7% (7/106) vs. 8.2% (7/85) [50% of all deaths in both groups; 7/14) Visual acuity ≥6/60: 55% (58/106) vs. 33% (28/85) Significant visual loss (i.e., loss of ≥3 Snellen lines): 45% (48/106) vs. 65% (55/85) Eye retention rate: 95.3% (101/106) vs. 97.6% (83/85) Local tumor recurrence: 2.8% (3/106) vs. 0% (0/85); all underwent secondary enucleation		Optic neuropathy: 13% (14/106) vs. 28% (23/85) Rubeotic glaucoma: 4.7% (5/106) vs. 11% (9/85) Requiring enucleation: 1.9% (2/106) [40% (2/5) with rubeotic glaucoma] vs. 2.4% (2/85) [22% (2/9) with rubeotic glaucoma]
• tumor located >3mm from the fovea, p=0.04 (no difference for the following: tumors located >0.5mm from optic disc; tumors situated beneath or touching the fovea)			

CI = Confidence Interval; HR = Hazard Ratio; IQR = Interquartile range; mm = millimeter; NR = Not reported; NS = Not significant; OS = Overall Survival; PBT = Proton Beam Therapy; RoB = Risk of Bias; TSR = Transscleral resection

APPENDIX N. Pediatric

Appendix Table N1. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>pediatric bone cancers</u>

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Weber 2017 RoB: High Retrospective Case Series Switzerland Funding: NR COI: None Also provides subpopulation data on male vs female, etc	Diagnosis: Pediatric Bone and soft tissue sarcoma (Ewing sarcoma) Indication: Curative Intent	N=38 Median Age (range): 9.9 years (0.4-38.9) Male: 63.2% Primary Tumor Sites: - spine, 44.7%; - pelvis-sacrum, 18.4%; - skull, 13.2%; - paranasal sinus/nasal cavity, 10.5%; - lower limb, 5.3%; - skull-base, 5.3%; - abdomen, 2.6% Tumor Characteristics: Soft tissue extension, 44.7% Skeletal, 81.6%; Extraskeletal, 18.4% Presenting with metastases at diagnosis, 11% (4/38)	PBT Delivered using PBS paradigm Median PBT Dose (Range): 54.9 Gy (RBE) (45.0–69.6) delivered in daily fractions of 1.8-2.0 Gy (RBE) Additional Treatments in conjunction with PBT: Surgery, chemotherapy, and PBT, 47.4%; Biopsy, chemotherapy, and PBT, 52.6%; Anesthesia, 34%	Median F/U (range): 49.6 (9.2 to 131.7) months	• •	Toxicity Grading Criteria: CTCAE v.4.0 Acute Toxicity, % (n/N) Most common acute side effect was grade 1 and 2 skin erythema and mucositis (Actual data NR) No acute toxicity > grade 2 was observed Late Toxicity, % (n/N) All late toxicity: 29 events in 20 patients [52.6% of patients had at least 1 late toxicity event] Grade 1: 16 events Grade 2: 11 events Grade 3: 2 events Residual alopecia Grade 1: 13.8% (4/29) Grade 2: 10.3% (3/29) Hyperpigmentation Grade 1: 10.3% (3/29) Kyphoscoliosis Grade 3: 3.4% (1/29) Kidney function impairment
						 Grade 1: 10.3% (3/29) Chronic nasal repletion Grade 1: 3.4% (1/29) Lung fibrosis

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 1: 3.4% (1/29) • Dry eye syndrome - Grade 1: 3.4% (1/29) • Endocrine dysfunction - Grade 2: 10.3% (3/29) - Grade 3: 3.4% (1/29) • Bone growth impairment: - Grade 2 10.3% (3/29) • Esophageal stricture - Grade 2: 3.4% (1/29) • Lymphedema - Grade 2: 3.4% (1/29) Secondary Malignancies, % (n/N): 0% (0/38) 5-year TFS (95% CI) • All patients: 90.9% (78.9–100.0)

CI = Confidence Interval; F/U = Follow-up; LC = Local Control; NR = Not reported; OS = Overall Survival; PBT = Proton Beam Therapy; TFS = Toxicity Free Survival

Appendix Table N2. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>pediatric brain, spinal, and paraspinal cancers</u>

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Giantsoudi 2016	Diagnosis : Pediatric Brain	N=111 Median age (range): 7	PBT Craniospinal passively	Median F/U (range): 50.4 (NR) months	NR	Toxicity Grading Criteria: NR
RoB: High	(medulloblastoma)	years (2.7 to 22) Male: 59%	scattered PBT followed by involved field boost	50.4 (NK) MORERS		Patients with CNS
Retrospective Case	Indication:	Caucasian: 86%	(n=69) or whole			Radiation Injury, %
Series	Curative Intent		posterior fossa boost			(n/N): 3.6% (4/111)
		Primary Tumor Sites:	(n=42)			who required a
USA		Brain, 100%	DRT Dasa yanga 19 26			shunt: 0% (0/4)
Funding: This study		Tumor Characteristics:	PBT Dose range: 18-36 Gy(RBE)			progressed to chemotherapy:
was supported by		Classic, 73%;	Cy(NDL)			100% (4/4)
National Institutes of		Anaplastic, 16%;	Boost field PBT dose			• developed acute
Health/National		Desmoplastic, 9%;	range: 50.4-59.4			renal failure during
Cancer Institute award		Anaplastic and	Gy(RBE)			chemotherapy:
P01CA021239 and		desmoplastic, 1%;				25% (1/4)
Federal Share of		Nodular, 1%				
program income earned by		Risk classification:				Radiation Injuries in
Massachusetts		High, 32%;				CNS injury patients, % (n/N):
General Hospital on		Standard, 68%				• Grade 3 (recovered
C06 CA059267,						later): 50% (2/4)
Proton Therapy						• Grade 4 (remained
Research and						paraplegic and
Treatment Center.						dependent on
RVS was supported by						tracheostomy and
the						feeding tube): 25%
Doris Duke Charitable Foundation.						(1/4)
i ouiluation.						Developed grade 2
COI: NT's spouse is a						cervical injury (later fully
member of the						recovered): 25%
medical advisory						(1/4)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
board of ProCure. All other authors report no conflicts of interest Also provides data related to LET (linear energy transfer) and RBE weighted dose calculations per patient (tables and in text) for CNS radiation injury and 5-year cumulative incidence of CNS radiation injury						Post-treatment Adverse Events in CNS injury patients: Osteonecrosis of the right temporal bone at 16 mos followed by brainstem necrosis at 6 years and 8 months: 25% (1/4) Additional brainstem injury at 27.4 months: 25% (1/4) Patients who showed radiographic treatment change but developed no symptoms (n=111): 5.6% (6/107) 5-year Cumulative Incidence of CNS radiation injury: grade 2 to 4: 3.6% grade 3+: 2.7% 5-year Cumulative Incidence of brainstem radiation injury or necrosis: 2.7%

Author (year),	Diagnosis	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect	Safety
Study Site Ir	Indication				Outcomes	,
Kamran 2018	Diagnosis : Pediatric Brain	N=116 Median Age: 7.6 years	PBT: NR	Median F/U (range): 60 (12 to 127.2) months	Primary Outcomes NR	NR
RoB: High	(Medulloblastoma, 93.1%;	(range, 2.1 to 18.1) Male: 55%	Median PBT Dose (Range): NR		Secondary	
Prospective Case	PNET, 6.9%)				Outcomes	
Series	Indication: Curative	Primary Tumor Sites:			PedsQoL Total Core Score:	
USA	intent	Posterior fossa syndrome: 30%			• Child Report: average 1.8 (95%	
Funding: Supported in part by award		(30/116)			CI, 1.2-2.4) point increase per year	
P01CA021239 from the National Cancer		Risk Classification: Standard: 66%			from average baseline of 65.9	
Institute; the Federal		(77/116);			• Parent-Proxy	
share of program		High:34% (39/116)			Report: average	
income earned by					2.0 (95% CI, 1.4-	
Massachusetts					2.7) point increase	
General Hospital on					per year from	
C06 CA059267, Proton					average baseline	
Therapy					of 59.1	
Research and						
Treatment Center; a					PedsQoL Physical	
grant from the					Score:	
Children's Cancer					Child report:	
Recovery Foundation;					average 3.3 (95%	
and a grant from the					CI, 2.6-4.1) point	
Susan McDaniel					increase per year	
Brain Tumor Fund.					from average	
COI: Torunn I. Yock					baseline of 58.2	
has received grants for					Parent-proxy report everage 4.0	
the Pediatric Proton					report: average 4.0	
Consortium					point (95% CI, 3.1- 4.8) increase per	
Registry from IBA,					year from average	
Protom, and Elekta for					baseline of 49.9	
work performed					Dascillic of 45.5	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
outside of the current					Psychosocial Score	
study					• Child report:	
					average 0.9 (95%	
					CI, 0.5-1.5) point	
					increase per year	
					from average	
					baseline of 70.8	
					Parent-proxy	
					report: average 0.8	
					point (95% CI, 0.2-	
					1.4) increase per	
					year from average	
					baseline of 65.8	
Yock 2016	Diagnosis:	N=59	PBT: NR	Median F/U (range): 84	Primary Outcomes	Toxicity Grading
	Pediatric Brain,	Median Age: 6.6 years	Use of photons for	(NR) months	OS (95% CI)	Criteria: CTCAE v.3.0
RoB: High	Spinal, Paraspinal	(IQR, 5.1-9.9)	<20% radiation dose:		• <i>5-year</i> : 83% (70%	[acute and late
	(Medulloblastoma,	Male: 56%	10% (6/59)		to 90%)	effects]; Pediatric
Retrospective Case	100% (59/59))				• 7-year: 81% (67%	Oncology Group
Series		Tumor Characteristics:	Median total PBT Dose		to 89%)	ototoxicity scale (0–4)
	Indication: Curative	-Classic, (76% (45/59);	(Range): NR			[ototoxicity]
USA	Intent	- Desmoplastic or			PFS (95% CI)	
		nodular variant, 10%	Additional Treatments		• <i>5-year:</i> 80% (67%	Cumulative Incidence
Funding: US National		(6/59);	in conjunction with		to 88%)	of Ototoxicity (95%
Cancer Institute and		- Anaplastic or large	PBT:		• 7-year: 75% (61%	CI) (n=45 patients)
Massachusetts		cell variant, 14%	Shunt, 20% (12/59);		to 84%)	• 3-year: 12% (4%-
General Hospital		(8/59);	Introductory			25%)
COL NUT's an aves		- Metastatic Disease,	Chemotherapy, 100%		Mortality, % (n/N)	• 5-year: 16% (6%-
COI: NJT's spouse		5.1% (3/59)	(59/59);		Disease-related:	29%)
owns stock options in ProCure. The other		Drimary Tumor Sites	Tumor Resection, 98% (58/59);		20.3% (12/59)	Duna antina af
authors declare no		Primary Tumor Sites: NR	Concurrent		• All-cause: 22%	Proportion of
competing interests.		INL	chemotherapy, 88.1%		(13/59)	Patients Experiencing
competing interests.		Risk Classification:	Chemotherapy, 00.170			Grade 3-4 Hearing
		Standard, 66%			Secondary	Loss (n=45):
This study does		(39/59);			Outcomes: NR	• All patients: 15.6% (7/45)
subpopulation analysis		(55) 55))				(7/43)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
on high vs. low risk, male vs. female, etc	Indication	Intermediate, 10% (6/39); High, 24% (14/24)				-Both ears: 9% (4/45) -One ear: 6.7% (3/45) Cumulative incidence of any hormone deficiency (95% CI): • 3-year: 27% (16%– 39%) • 5-year: 55% (41%– 67%) • 7-year: 63% (48%– 75%) Cumulative incidence of growth hormone deficiency (95% CI): • 3-year: 22% (12%– 33%) • 5-year: 46% (33%– 59%)
						• 7-year: 55% (40%–68%) Cumulative incidence of thyroid deficiency (95% CI): • 3-year: 12% (5%–22%) • 5-year: 21% (11%–32%) • 7-year: 26% (15%–38%)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						Cumulative incidence of adrenal or cortisol deficit (95% CI): • 3-year: 5% (1%- 13%) • 5-year: 9% (3%- 17%) • 7-year: 9% (3%- 17%) Cumulative incidence of sex hormone deficit (95% CI): • 3-year: 3% (1%- 11%) • 5-year: 3% (1%-
						11%) • 7-year: 3% (1%– 11%) Acute Toxic Effects (n=59) • All acute toxic effects
						-Grade 1: NR -Grade 2: 190 events in 59 patients -Grade 3: 55 events in 39 patients -Grade 4: 12 events in 12 patients

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						 Alopecia

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Outcomes	-Grade 2: 20% (12/59) -Grade 3: 3% (2/59) Oesophagitis, pharyngitis, or dysphagia -Grade 1: 15% (9/59) -Grade 2: 15% (9/59) -Grade 3: 5% (3/59) Headache -Grade 1: 22% (13/59) -Grade 2: 7% (4/59) Weight loss -Grade 1: 10% (6/59) -Grade 2: 7% (4/59) Neutropenia -Grade 1: 2% (1/59) -Grade 2: 37% (23/59) -Grade 3: 32% (19/59) -Grade 4: 8% (5/59) Anaemia (haemoglobin)
						- <i>Grade 1</i> : 17% (10/59)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						-Grade 2: 47% (28/59) -Grade 3: 5% (3/59) • Lymphopenia -Grade 2: 10% (6/59) -Grade 3: 17% (10/59) -Grade 4: 12% (7/59) • Thrombocytopenia -Grade 1: 17% (10/59) -Grade 2: 2% (1/59) -Grade 3: 3% (2/59)
						Late Toxic Effects (n=58) • All patients - Grade 1: NR - Grade 2: 26 events in 19 patients - Grade 3: 8 events in 7 patients - Grade 4: 1 event in 1 patients • Stroke - Grade 4: 2% (1/58) • Cataracts

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 1: 19%
						(11/58)
						- Grade 2: 2%
						(1/58)
						- Grade 3: 8%
						(4/58)
						 Obesity
						- Grade 2: 10%
						(5/58)
						- Grade 3: 4%
						(2/58)
						 Alopecia
						- Grade 1: 27%
						(16/58)
						- Grade 2: 7%
						(4/58)
						 CNS brainstem
						injury
						- Grade 3: 2%
						(1/58)
						Ataxia
						- Grade 1: 41%
						(24/58)
						- Grade 2: 8%
						(4/58)
						Headaches
						- Grade 1: 12%
						(7/58)
						- Grade 2: 7%
						(4/58)
						Dysphasia
						- Grade 1: 5%
						(3/58)
						- Grade 2: 4%
						(2/58)
						Chronic fatigue

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 1: 9% (5/58) - Grade 2: 4% (2/58) • Depression - Grade 1: 3% (2/58) - Grade 2: 3% (2/58) • Scoliosis - Grade 1: 7% (4/58) - Grade 2: 2% (1/58) • Truncal muscle weakness - Grade 2: 2% (1/58) • Nystagmus - Grade 1: 17% (10/58)
						Mean Change per year in Full-scale IQ score (95% CI): -1.5 (- 2.1 to -0.9); p<0.0001 Mean Change per year in Verbal Comprehension Index score (95% CI): -1.3 (-2.0 to -0.7); p<0.0001
						Mean Change per year in Perceptual

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						reasoning index score (95% CI): -0.4 (-1.0 to 0.3); p=0.249
						Mean change per year in working memory score (95% CI): -0.8 (-1.8 to 0.3); p=0.169
						Mean change per year in processing speed score (95% CI): -2.4 (-3.2 to -1.6); p<0.0001
Sethi 2014	Diagnosis:	N=109	PBT:	Median F/U (range):	Primary Outcomes	NR
Da Da Hilah	Pediatric Brain,	Median Age: 7.4 years	Boost	38.8 (1.4 to 119.2) months	Relapse/Progression	
RoB: High	Spinal, Paraspinal (Medulloblastoma)	(2.2 to 22.7) Male: 58.7%	- Involved-field only, 64.2% (70/109)	monuns	(Treatment failure): 14.7% (16/109)	
Retrospective Case	(Wiedunobiastorna)	Widie: 30.770	- Whole posterior		14.770 (10/103)	
Series			fossa, 35.8% (39/109)			
	Indication: Curative	Primary Tumor Sites:	(,		Mortality, % (n/N)	
USA	Intent	NR	Median total PBT Dose		• Disease-related:	
			(Range): 23.4 Gy (RBE)		11% (12/109)	
Funding: Supported by		Tumor Characteristics:	(18 to 36)			
the Doris Duke		Tumor Type:			Secondary	
Charitable Foundation		- Classic, 74.3%	Additional Treatments		<u>Outcomes</u>	
(R.V.S.). Research		(81/109);	in conjunction with PBT:		NR	
was supported by the National Cancer		- Anaplastic, 15.6% (17/109);	Gross total Resection,			
Institute of the		- Desmoplastic,	73.4% (80/109);			
National Institutes of		9.2%(10/109);	Subtotal Resection,			
Health under Award			25% (27/109);			
Number P01CA021239						

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
and the Federal Share of program income earned by Massachusetts General Hospital on C06 CA059267, Proton Therapy Research and Treatment Center. COI: N.J.T.'s spouse is on the medical advisory board of ProCure. All other authors deny any real or potential conflicts		- Anaplastic plus desmoplastic, 0.9%(1/109) Metastases at diagnosis: 18.3% (20/109) Risk Classification: Standard: 67.9% (74/109) High: 32.1% (35/109)	Biopsy only, 1.8% (2/109)			
of interest.	Diagnosis	N=50	PBT	Maan F/II (ranga).	Drimon, Outcomes	Toxicity Grading
Ares 2016	Diagnosis: Pediatric Brain (Ependymoma)	Median Age (range): 2.6 years (1.1-15.2)	PBS by using energy- degraded	Mean F/U (range): 43.4 (8.5 to 113.7) months	Primary Outcomes Actuarial OS (mean ± SD)	Criteria: CTCAE v.4.0
RoB: High	Indication:	Male: 72%	beams from the 590- MeV cyclotron until		• 5-year: 84% ± 6.8%	Late Toxicity, % (n/N) • All events: 48%
Prospective Case Series	Curative Intent	Primary Tumor Sites: Infratentorial, 72% (36/50);	2005 and subsequently the dedicated 250-MeV		Mortality, % (n/N) • Disease related: 10% (5/50)	(24/50) of patients had ≥1 event [33 events]
Switzerland		Supratentorial, 28% (14/50)	cyclotron		Actuarial LC (mean ±	- <i>Grade 1</i> : 8% (19/50) [24
Funding: NR		Presence of residual	Median PBT Dose (Range):		SD) •5-year: 78.8% ±	events] - Grade 2 AE: 12%
COI: NR		disease following tumor resection (prior to PBT): 34% (17/50) [Residual tumor ≥1.5 cc 18% 9/50)]	59.4 Gy (RBE) (54–60) delivered in 1.8–2 Gy (RBE) per fraction		7.5% Proportion of patients experiencing in-field	(6/50) [6 events] - Grade ≥3 AE: 6% (3/50) [3 events] • Unilateral reduced hearing

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Risk Classification: Grade 3, 92% (46/50)	Additional Treatments in conjunction with PBT: Surgical tumor resection prior to PBT, 100% (50/50); Second look surgery prior to PBT, 11% (22/50); Postoperative chemotherapy before PBT, 86% (43/50); Patients younger than 5 received general anesthesia, 86% (44/50);		local failure, % (n/N): 14% (7/50)* • Infratentorial Ependymoma: 16.7% (6/36) • Supratentorial Ependymoma: 7.1% (1/14) [This 1 patient developed supratentorial metastasis] Proportion of patients presenting with macroscopic residual disease prior to PBT that experienced disease progression following PBT (n=17) • Complete Response: 76% (13/17) • Stabilization or partial response within a mean of 19 months: 17.6% (3/17) • Developed progressive disease immediately after PBT: 5.8% (1/17) Secondary Outcomes NR	- Grade 1: 2% (1/50) • Concentration problems - Grade 1: 2% (1/50) • Asymptomatic transient MRI changes of leukoencephalopath y - Grade 1: 18% (9/50) • Permanent growth hormone deficiency requiring replacement - Grade 2: 6% (3/50) • Permanent central hypothyroidism requiring replacement - Grade 2: 6% (3/50) • Definitive deafness - Grade ≥3: 4% (2/50) • Fatal brainstem necrosis - Grade ≥3: 2% (1/50) Secondary Malignancies, % (n/N)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
D. 2010	Diamatic	N. 50	DDT	100 Han 5/11 (mm ma) 100		• All patients: 0% (0/50)
De 2018	Diagnosis: Pediatric Brain	N=58	PBT Proton CSI	Median F/U (range): 19 (2 to 58) months		Among patients
RoB: High	(medulloblastoma 59% (34/58);	Median Age (range): 8 years (2-18) Male: 69%	Multiple beam	(2 to 58) months		with radiographic evaluation: 64% (37/58)
Retrospective Case	Pineoblastoma,		approaches were used			 Straightening of
Series	10% (6/58); Neuroblastoma,	Primary Tumor Sites: NR	to treat the whole brain, including			cervical lordosis: 4% • Mild midthoracic
USA	9%(5/58); Other, 22% (13/58))	Risk Classification: NR	opposed laterals, posterior obliques, and			scoliotic curvature: 2%)
Funding: Supported by			a single			 Clinical or
the National Institutes	Indication: Curative		posteroanterior portal.			radiographic
of Health/National	Intent		Although utilizing PBS,			evidence of lordosis
Cancer Institute			a gradient structure			or scoliosis: 0%
Cancer Center Support Grant (P30			allowing for a gradual match line was used in			A
CA008748). This work			lieu of feathered			Among patients with
is also supported by a			match lines.			Cobb angle evaluation: 28%
Susan Rudin and the			Whole vertebral body			(16/58)
Louis and Rachel			spinal target volume,			 Cobb angle before PBT vs. after PBT:
Rudin Foundation.			67%; Partial vertebral			2.7 degrees (range,
radiii i dandadoii.			body spinal target			0.7 to 5.9) vs. 3.8
COI: None			volume, 33%			degrees (range, 1.2 to 9.4); p<0.01
			PBT Dose: Most			No patient met the
			common			scoliosis diagnostic
			doses were 23.4, 36,			criterion of a Cobb
			and 18 Gy(RBE) used			angle of ≥10 degrees
			for 40%, 36%,			at any time
			and 16% of patients,			
			respectively, delivered in 1.8 Gy(RBE) fractions			Among patients with growth curve

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
	Diagnosis: Pediatric Brain (Medulloblastoma, 62.5% (135/216); Anaplastic Medulloblastoma, 8.8% (19/216); Ependymoma, 13.9% (30/216); Anaplastic Ependymoma,	N=216 Median Age (range): 6.6 years (0.5-23.1) Male: 58.3% Primary Tumor Sites: Posterior Fossa, 100% (216/216) Risk Classification: NR	Additional Treatments in conjunction with PBT: Boost RT to ≥ 1 sites was additionally given to all patients with cumulative median dose 54 Gy(RBE) (range, 18 to 59.4 Gy[RBE]) PBT Conformal PBT Median PBT Dose Range: 54 Gy RBE (range, 46.8-59.4) in fractions of 1.8 Gy(RBE) Additional Treatments in conjunction with	Median F/U (range): 50.4 (1.2 to 183.6) months	Primary Outcomes OS (95% CI): • 3-year: 95.0% (NR) • 5-year: 87.3% (NR) PFS (95% CI): • 3-year: 87.2% (NR) • 5-year: 82.6% (NR) Mortality, % (n/N) • All-cause: 8.3%	evaluations: 64%(37/58) • Median height percentile and z- score before PBT vs. median height percentile and z- score after PBT: 43.2% (range, 0.3% to 91.5%) and -0.3 (range, -2.8 to +1.2) vs. 24.4% (range, 0.3% to 85.8%) and -0.8 (range, -2.9 to +1.1); p<0.001 (adjusted for age) Brain Stem Injury (Late Toxicity) • All patients: 2.3% (5/216) - Grade 2: 20% (1/5) - Grade 3: 60% (3/5) - Grade 4: 20% (1/5) • Medulloblastoma: 1.9% (3/159) • Ependymoma: 3.6% (2/56)
COI: None	12.0% (26/216); ATRT, 2.8% (6/216)) Indication: Curative Intent		PBT: Surgery: GTR, 70.4% NTR, 16.2% STR, 12.0% Biopsy only, 1.4%; Shunt placement: 25.5%;		(18/216) Secondary Outcomes NR	• ATRT: 0% (0/6) 5-year cumulative incidence of brain stem injury • All patients: 2.0% (95% CI, 0.7%-4.8%)†

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
			Posterior fossa boost: 22.2%; Involved-field boost: 77.8%; Treatment with chemotherapy: 83.3% Methotrexate, 8.3%; Intrathecal chemotherapy, 2.8%; Concurrent chemotherapy, 57.9%; High-dose chemotherapy with stem cell rescue, 13.4%; Adjuvant chemotherapy,			
Greenberger 2014 RoB: High Retrospective Case Series	Diagnosis: Pediatric Brain (primary low-grade glioma) Indication: Curative Intent	N=32 Median Age: 7.4 years (range, 0.8-20.4) Male: 53.1% Primary Tumor Sites: Infratentorial: 34.4% (11/32); Supratentorial 56.3% (18/52);	74.1% PBT Protons only: 71.9% (23/32); Protons and photons: 28.1% (9/32) Median PBT Dose: 52.2 Gy (RBE) (range, 48.6-54 Gy (RBE)) at a median fraction dose	Median F/U (range): 88.8 (NR) months	Primary Outcomes OS (95% CI): • 8-year: 100% (NR) PFS (95% CI): • 8-year: 82.8% (NR) • 6-year: 89.7% (NR) Secondary Outcomes: NR	Development of moya-moya disease requiring pial synangiosis surgery: • All patients: 6.3% (2/32) [Both patients presented with type 1 neurofibromatosis prior to treatment]
Funding: NR COI: N. J. Tarbell has a spouse on the Medical Advisory		Spinal: 9.4% (3/32) Tumor Characteristics: Neurofibromatosis type 1: 6.3%	of 1.8 Gy (RBE) Additional Treatments in conjunction with PBT:		Saturation IVI	Visual Function for patients with intracranial tumors

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Board of Procure and has stock options (value \$0). The authors report no other conflict of interest. Also does subpopulation analysis on neurocognitive outcomes based on age, high/low risk, etc		Risk Classification: High risk (n=15); Intermediate-risk (n=4); Low-risk (n=10) WHO grade I (pilocytic astrocytoma): 59.4% (19/32); WHO grade 2: 18.8% (6/32); Low grade (not otherwise specified): 6.3% (2/32)	Surgery - None: 15.6% - Biopsy only: 18.8% - 1 resection: 53.1% - ≥2 resections: 12.5% - Shunt(s): 18.8% Chemotherapy: 84.4% (27/32)			Decreased Acuity (n=18 patients) • Improvement: 27.8% (5/18) • Stable: 55.6% (10/18) • Deterioration: 16.7% (3/18) Optic Nerve pallor/atrophy (n=18) • Improvement: 5.6% (1/18) • Stable: 88.9% (16/18) • Deterioration: 5.6% (1/18) Visual Field Deficit (n=29) • Improvement: 3.4% (1/29) • Stable: 93.1% (27/29) • Deterioration: 3.4% (1/29) Nystagmus (n=29) • Improvement: 0% (0/29) • Stable: 93.1% (27/29) • Deterioration: 6.9% (2/27) Ptosis (n=29) • Improvement: 0% (0/29)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						• Stable: 96.6%
						(28/29)
						• Deterioration: 3.4%
						(1/29)
						Afferent pupillary
						defect (n=29)
						• Improvement: 0%
						(0/29)
						• Stable: 93.1%
						(27/29) • Deterioration:
						6.9%(2/29)
						Impaired upgaze
						• Improvement: 0%
						(0/29)
						• Stable: 96.6%
						(28/29)
						Deterioration:
						3.4%(1/29)
						Diplopia
						• Improvement: 0%
						(0/29)
						• Stable: 96.6%
						(28/29)
						• Deterioration:
						3.4%(1/29)
						Esophoria/exophoria
						• Improvement: 0%
						(0/29)
						• Stable: 96.6%
						(28/29)
						• Deterioration:
						3.4%(1/29)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Study Site	Indication				Outcomes	Endocrine Function for patients with intracranial tumors, % [Data are estimated from Figures 3B and 3C] • Any Endocrine Deficiency: 50% • Growth Hormone Deficiency: 60% • Hypothyroidism: 45% • Cortisol Insufficiency: 23% • Testosterone Deficency:18% • Elevated Prolactin: 12% • Diabetes Insipidus: 10% • Precocious Puberty: 5% Mean change ± SD in IQ from baseline to follow-up (n=11): -0.7 ± 9.2; p=0.80 Mean change ± in verbal comprehension Index from baseline to
						follow-up (n=12): -0.5 ± 11.7; p=0.95

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Hall 2018 RoB: High Retrospective Case Series USA Funding: NR COI: J.A.B. received travel reimbursement and honorarium from IBA for an educational program. D.J.I. received travel reimbursement from IBA for an educational program.	Diagnosis: Pediatric Brain (Craniopharyngiom a, 21% (135/644); Ependymoma, 21% (135/644); Low-grade glioma, 20% (131/644); Medulloblastoma/P NET, 13% (80/644); Ewing/RMS/NRSTS, 11% (73/644); Other, 14% (90/644)) Indication: Curative Intent	N=644 Median Age: 7.6 years (0.7-21.8) Male: 55% Primary Tumor Sites: Sellar/suprasellar: 42%; Thalamic/basal ganglia: 11%; Hemispheric/lateral ventricles: 20%; Posterior fossa: 27% Risk Classification: NR	PBT: NR PBT Dose: 54 CGE (range, 25.2-75.6) Additional Treatments in conjunction with PBT: Chemotherapy: 50.5% (325/644); Gross/Near Total Resection: 39% (251/644); Subtotal resection/biopsy: 56% (363/644)	Median F/U (range): 36 (1.2 to 115.2) months	NR	Mean change ± in Perceptual Reasoning Index from baseline to follow-up (n=12) -0.17 ± 9.8; p=0.95 3-year cumulative rate of any vasculopathy‡: 6.4% (95% CI, NR) Proportion of patients experiencing vasculopathy by tumor type: • Craniopharyngiom a: 19.3% (26/135) • Medulloblastoma/ pancreatic neuroendocrine tumor: 8.8% • Ependymoma: 5.9% (8/135) • Skull base sarcomas: 5.5% (4/73); • Low-grade gliomas: 3.1% (4/131) 3-year cumulative rate of serious vasculopathy: 2.6% Development of asymptomatic vessel narrowing: 4.7% (30/644)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						3-year rates of cerebrovascular accidents: 0.5% Proportion of patients that developed a cerebrovascular accidents: 2% (7/344) 3-year rate of transient ischemic attacks: 1.2% Proportion of patients requiring revascularization surgery: 1.2% (4/344) Proportion of patients developing an asymptomatic
lia deli esta	Diamonia	N-242	DOT	Madian F/II (ranga), 24	Duimanus Outanusas	aneurysm: 2% (7/344)
Indelicato (2014)	Diagnosis: Pediatric Brain and Skull-base Tumors	N=313 Median Age: 5.9 years (range, 0.5-17.9)	PBT Passive Scatter Beam, 100% (313/313);	Median F/U (range): 24 (NR) months	Primary Outcomes OS (95% CI): 2-year: 90.5% (NR)	Toxicity Grading Criteria: CTCAE v. 4.0
RoB: High	(Ependymoma, 23.3% (73/313);	Male: 53.7%	Combined photon therapy: 9.9% (31/313)		Secondary	Proportion of patients experiencing
Prospective Case	Craniopharyngioma	Primary Tumor Sites:			Outcomes	brainstem toxicity:
Series	, 21.7% (68/313); Low-grade glioma,	Supratentorial, 52.4% (164/313);	PBT Dose Range: NR		NR	 All patients, any grade: 3.5%
USA	21.2% (66/313);	Posterior fossa, 36.4%	Additional Treatments			(11/313)
Funding: NR	Medulloblastoma/p rimitive	(114/313); Skull base, 11.2% (35/313)	in conjunction with PBT:			- Grade 2: 2.2% (7/313)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
COI: None Does minimal subpopulation analysis for old vs. young, tumor location etc	neuroectodermal tumor, 12.1% (38/313); Parameningeal rhabdomyosarcom a 4.2%, (13/313); Other, 17.6% (55/313)) Indication: Curative Intent	Risk Classification: NR	Gross total or near total resection: 34.8% (109/313); Extended or permanent shunting: 23.3% (73/313); Chemotherapy: 49.5% (155/313); Intrathecal or highdose intravenous Methotrexate: 15.3% (48/313);			- Grade 3: 0.3% (1/313) - Grade 4: 0.6% (2/313) - Grade 5: 0.3% (1/313) 2-year cumulative incidence brainstem injury: • Any: 3.8% ± 1.1% • Grade 3+: 2.1% ± 0.9%
Indelicato (2017)	Diagnosis : Pediatric Brain and	N=166 Median Age: 7 years	PBT NR	Median F/U (range): 31.2 (2.4 to 91.2)	Primary Outcomes 3-year OS (95% C))	Serious Late Toxicity, % (n/N)
Crossover with	Spinal Tumors (Ependymoma, 34%	(range, 1-9) Male: 54%	Median PBT Dose	months	• All patients: 96% (NR)	 New-onset seizures: 1.8% (3/166)
patients in Indelicato	(57/166)	March 5 170	(Range): 54 Gy (RBE)	Loss to follow-up: 0%	• Ependymoma	• Symptomatic
2018]	Low-grade glioma, 33% (54/166); Craniopharyngioma	Primary Tumor Sites: • Ependymoma subgroup (n=57)	(52.2–54) [Craniopharyngioma subgroup only]		subgroup: 92% (NR) • Low-grade glioma	(Consisting of stroke or transient ischemic event)
RoB: High	, 27% (45/166); Germ cell tumor,	- Supratentorial: 32% (18/57)	Additional Treatments		subgroup: 95%	vasculopathy : 1.8% (3/166)
Retrospective Case	2% (3/166);	- Posterior fossa: 63%	in conjunction with		• Craniopharyngiom	Symptomatic
Series	Meningioma, 2% (3/166);	(36/57) - Spinal: 5% (3/57)	PBT: Chemotherapy: 13.3%		a subgroup: 100%	brainstem necrosis:
USA	Medulloblastoma/	• Low grade glioma	(22/166);		(NR)	0.6% (1/166) • Symptomatic
Funding: NR	PNET, 1% (2/166) Pituitary adenoma, 1% (2/166)	(n=54) - Supratentorial: 65% (35/54)	Anesthesia: 30%		3-year PFS (95% CI) • <i>All patients:</i> 87% (NR)	peritumoral edema: 0.6% (1/166) • Hearing loss: 1.8%
COI: None	Indication: NR	- Brainstem: 17% (9/54)			• Ependymoma	(3/166)
		- Cerebellum: 9%			subgroup: 77% (NR)	Proportion of
		(5/54)			• Low-grade glioma	patients requiring
		- Spinal: 9% (5/54)			subgroup: 87% (NR)	new endocrine replacement, % (n/N)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Tumor Characteristics: Neurofibromatosis: 1.2% (2/166) Risk Classification: • Ependymoma subgroup (n=57) • Grade 1: 5% (3/57) • Grade 2: 32% (18/57) • Grade 3: 63% (36/57) • Low grade glioma subgroup (n=54) • Grade 1: 61% (33/54) • Grade 2: 22% (12/54) • Unknown: 17% (9/54)			 Craniopharyngiom a subgroup: 100% (NR) 3-year LC (95% CI) All patients: 91% (NR) Ependymoma subgroup: 85% (NR) Low-grade glioma subgroup: 88% (NR) Craniopharyngiom a subgroup: 100% (NR) Mortality, % (n/N) All-cause: 4.2% (7/166) Disease-related: 3.6% (6/166) Secondary Outcomes Requirement for subsequent therapy: Unplanned shunt revisions: 2.4% (4/166) surgical cyst drainage during PBT: 1.8% (3/166) Gram-negative sepsis, hyponatremia, and 	9% (15/166) Proportion of Craniopharyngioma patients experiencing cyst expansion within 18 months of completing PBT, % (n/N) 7.8% (13/166) Other Adverse Events, % (n/N) • Unplanned Shunt Revision: 2.4% (4/166) • Surgical cyst drainage: 2.4% (4/166) • Gram-negative sepsis, hyponatremia, and cryptosporidium infection requiring ICU admission: 0.6% (1/166)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		N=179 Median Age: 3.5 years (range, 0.7-21.3) Male: 57.5% Primary Tumor Sites: Posterior fossa, 66.5% (119/179) Risk Classification: Tumor grade 2, 32.9% (59/179); Tumor grade 3, 67% (120/179)	PBT Double scatter PBT, 100% (179/179); PBT+photon RT, 6.1% (11/179) Median PBT Dose (Range): 59.4 Gy (52.2 to 59.4) Additional Treatments in conjunction with PBT: Surgical operation, 100%; Chemotherapy, 53% (95/179); Anesthesia, 67.6% (121/179)	Median F/U (range): 38.4 (1.2 to 115.2) months Loss to follow-up: 1.1% (2/179)		Toxicity Grading Criteria: CTCAE v.4.0 Acute Toxicity (Grade ≥2), % (n/N) • Nausea/Vomiting: 10% (18/179) [requiring ondansetron] • Headache: 0.6% (1/179) [requiring opioid analgesia] Late Toxicity (Grade ≥2), % (n/N) • Growth Hormone Deficiency: 6.1% (11/179) • Other Hormone Deficiency: 1.1%
COI: All other authors report no conflicts of interest Also does subpopulation analysis on OS, PFS, and LC						(2/179) • Hearing loss: 6.1% (11/179) [all requiring hearing aids: seven with bilateral and four with unilateral] • Vasculopathy: 3.4% (6/179)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
based on age, sex, race, etc						• Symptomatic brainstem toxicity: 5.6% (10/179) - Grade 2: 4.5% (8/179) - Grade 3: 0.5% (1/179) - Grade 5: 0.5% (1/179) Development of Secondary Malignancy, % (n/N) 0% (0/179)
Jacola	Diagnosis:	N=62	PBT: NR	Median F/U (range):	Primary Outcomes	NR
(2016)	Pediatric Brain	Age Range: 0-21 years		NR	NR	
RoB: High	(craniopharyngiom	Male: 51.6%	Median PBT Dose (Range): NR		Secondary	
ROB. FIIGH	a)	Primary Tumor Sites:	(Kange). NK		Outcomes	
Prospective Case	Indication: Curative	Left, 12.9%	Additional Treatments		Visual Acuity (right)	
Series	Intent	Right, 51.6%	in conjunction with		Reduced, no	
		Midline, 17.7%	PBT: Catheter only –		functional	
USA		Bifrontal, 4.8%	craniotomy, 4.8%;		impairment: 16.1%	
			Catheter only – burr		(10/62)	
Funding: This work		Tumor Characteristics	hole, 12.9%;		 Reduced, 	
was supported by the		Hypothalamic	Resection –		functional	
National Cancer		Involvement§	craniotomy, 51.6%;		impairment: 11.3%	
Institute (St. Jude Cancer		- Grade 1: 30.6%;	Resection – transphenoidal, 17.7%		(7/62)	
Center Support, CORE,		- Grade 2: 56.5%	u anspirenolual, 17.7%		• Blind: 4.8% (3/62) Visual Acuity (left)	
grant number P30		Risk Classification:			• Reduced, no	
CA21765), the		NR			functional	
American Lebanese					impairment: 9.7%	
Syrian Associated					(6/62)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect	Safety
Charities (ALSAC), and the National Cancer Institute (Pediatric Oncology Education Program, grant number R25CA23944). COI: None					• Reduced, functional impairment: 14.5% (9/62) • Blind: 6.5% (4/62) Proportion of patients experiencing excessive day time sleepiness: 75.8% (47/62) Epworth Sleepiness Scale** (n=52) • Impaired (total score >10): 40.4% (21/52) • Unimpaired (total score ≤9): 59.6% (31/52)	
Kralik (2018)	Diagnosis: Pediatric Primary	N=100 Age: 8.1 years (range	PBT: NR	Median F/U (range): 57 months	NR	Proportion of patients experiencing
[Crossover with Kralik 2017/2015] RoB: High	Brain Tumors (Medulloblastoma/ PNET, 28% (28/100); Ependymoma, 19%	0.75-18) Male: 63% Primary Tumor Sites: Supratentorial, 50%;	Median PBT Dose (Range): 57 months (range, 7-116) Additional Treatments			cerebral microbleeds following completion of PBT, % (n/N) • 1-year: 43% (16/37) • 2-years: 66%
Retrospective Case Series	(19/100); Craniopharyngioma , 17% (17/100); Pilocytic/Pilomyxoi	Infratentorial, 27% Multifocal, 2%	in conjunction with PBT: NR			(27/41) • 3-years: 80% (20/25)
USA	d astrocytoma, 9% (9/100);	Risk Classification: NR				• 4-years: 81% (26/32) • 5-years: 83%
Funding: None	Germinoma, 7% (7/100);					(35/42)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
COI: None	GBM/Anaplastic Astrocytoma, 4% (4/100); ATRT, 3% (3/100); Brainstem glioma, 5% (5/100); Other, 8% (8/100) Indication: Curative Intent					• >5-years: 81% (29/36) Patients presenting with imaging appearance consistent with a cavernous malformation. % (n/N): 4% (4/100)
Kralik (2017) [Crossover with Kralik 2018/2015] RoB: High Retrospective Case Series USA Funding: NR COI: None	Diagnosis: Primary Brain Tumor (Medulloblastoma/ PNET, 33.3%; Craniopharyngioma , 18.7%; Pilocytic/pilomyxoi d astrocytoma, 13.3%; Other, 34.7%) Indication: Curative Intent	N=75 Mean Age: 7.9 years (range, 1.5-18) Male: 60% Primary Tumor Sites: Supratentorial, 50.6%; Infratentorial, 36% Multifocal, 2.7% Risk Classification: NR	PBT: NR Mean Cranial PBT Dose (Range): 53.7 Gy (30-59.4) Additional Treatments in conjunction with PBT: Chemotherapy (% NR)	Median F/U (range): 51.6 months	NR	Proportion of patients experiencing radiation-induced large vessel cerebral vasculopathy: 6.7% (5/75) Freedom from radiation-induced large vessel cerebral vasculopathy (95% CI): • 3-year: 96% (88%-99%) • 4-year: 95% (86%-98%) • 5-year: 95% (85%-98%)
Kralik (2015) [Crossover with Kralik 2017/2018]	Diagnosis : Pediatric Primary Brain Tumor	N=60 Average Age: 7.2 years (range, 0.8-18) Male/Female ratio: 2.5:1	PBT: NR Median Cranial PBT Dose (Range): 54.0 Gy (21–59.4)	Median F/U (range): 18 (6 to 34) months	NR	Toxicity Grading Criteria: NR Proportion of patients developing

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
RoB: High Retrospective Case Series USA Funding: NR COI: NR	(Medulloblastoma and PNET, 31.7% (19/60); Ependymoma, 20% (12/60); Germinoma, 6.7% (4/60); Other, 30% (18/60) Indication: Curative Intent	Primary Tumor Sites: NR Risk Classification: NR	Additional Treatments in conjunction with PBT: Chemotherapy (% NR)			radiation necrosis, % (n/N) • All patients: 31% (16/52) -Grade 1 asymptomatic: 75% (12/16) -Grade 3 symptomatic: 25% (4/16)
MacDonald (2014) RoB: High Retrospective Case Series USA Funding: R.V.S. was supported as a clinical research fellow by a grant from the Doris Duke Charitable Foundation to Harvard Medical School. B.Y.Y. and a portion of this research was supported by the Federal Share of program income earned by	Diagnosis: Pediatric Brain (Ependymoma) Indication: Curative Intent	N=70 Median Age: 38 months (range, 3 months to 20 years) Male: 47% Primary Tumor Sites: Infratentorial, 73% (51/70); Supratentorial, 27%(19/70) Tumor Characteristics: Tumor grade - Differentiated (classic): 53% (37/70) - Anaplastic: 47% (33/70) Risk Classification: NR	PBT: conformal proton plan using at least 3 fields Mean PBT Dose (Range): Additional Treatments in conjunction with PBT: Chemotherapy, 30% (21/70); Gross total resection, 66% (46/70); Subtotal resection, 33% (23/70); Near-total resection, 1% (1/70); Shunt, 76% (29/38) of patients with hydrocephalus;	Median F/U (range): 46 (12 to 140.4) months	Primary Outcomes OS (95% CI)	Complications, % (n/N) • Hypothyroidism: 3.1% (1/32) [only assessed for in 32 patients] • Growth Hormone Deficiency: 8% (2/25) • Cervical subluxation: 2.9% (2/70) • Tumor Necrosis (with symptoms of brainstem compression): 1.4% (1/70) • Brainstem Necrosis: 0% (0/70) • Hearing loss: 8.7% (2/23)
earned by Massachusetts General Hospital on					experiencing progression: 25.7% (18/70)	Secondary Malignancy 0% (0/70)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
CO6 A059267, Proton Therapy Research and Treatment Center. COI: N.T. was on the medical advisory board of ProCure until 2008 and has stock options in ProCure that are currently without value. N.T.'s spouse continues to serve on the medical advisory board of ProCure. Actual or potential conflicts of interest do not exist for any other author. Does subpopulation analysis for PFS and OS based one age, sex,					Secondary Outcomes Mean SIB-R (n=28) Baseline: Baseline: 100.1 Final follow-up: 100.8 p=0.809	Average Change in Height (n=57 patients) Median loss of 2.6 percentiles per patient Mean MDI/Full-scale IQ score (n=14) Baseline: 108.5 Final follow-up: 111.3 p=0.475
tumor type, etc.						
Mokhtech (2018)	Diagnosis: Pediatric Brain (non-metastatic	N=14 Median Age: 11 years Male: 64%	PBT : double-scattered proton therapy	Median F/U (range): 33.6 (8.04 to 120) months	Primary Outcomes PFS (95% CI) • 3-year: 86% (NR)	Toxicity Grading Criteria: CTCAE v.4.0
RoB: High	intracranial nongerminomatous	Primary Tumor Sites:	PBT Dose (all patients): 54 Gy (RBE)		Mortality, % (n/N)	Late or Acute Toxicity (Grade ≥2)
Retrospective Case Series	germ cell tumors) Indication: NR	Pineal, 50% (7/14); Suprasellar, 43% (6/14)	at 1.8 Gy (RBE) per fraction		• Disease-related: 0% (0/14)	• Cataracts - Grade 2: 14.3% (2/14) [no surgery
USA Funding: NR		Bifocal, 7% (1/14) Tumor Characteristics:	Additional Treatments in conjunction with PBT:		Proportion of patients experiencing disease	required]

	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
COI: None		Mixed, 50% (7/14); Choriocarcinoma, 14% (2/14); Immature teratoma, 14% (2/14); Yolk sac, 7% (1/14); Unknown, 14% (2/14) Risk Classification: NR	Induction chemotherapy, 100% (14/14); Gross total resection/Near total resection, 36% (5/14); Subtotal resection/biopsy, 50% (7/14); Ventriculoperitoneal shunts, 28.9% (4/14)		progression: 50% (7/14)	- Grade 3: 7% (1/14) [surgery required] -Grade 4 and 5: 0% • Hormone Deficiency - Grade 2: 7% (1/14)
(2017) F (Prospective Case Series I	Diagnosis: Pediatric Brain (intracranial germ cell tumor) Indication: Curative Intent	N=34 baseline data, 20 with follow-up data Median Age: 12 years (range, 7 to 18.1) Male: 67.6% Primary Tumor Sites: Suprasellar, 23.5 (8/34); Pineal gland, 29.4% (10/34); Basal ganglia, 17.6% (6/34); Bifocal, 29.4% (10/34) Tumor Characteristics: Germinoma, 52.9% (18/34); non-germinomatous germ cell tumor or mized intracranial germ cell tumor, 47.1% (16/34)	PBT: passive double-scattered proton therapy PBT Dose (Range): 39.6 Gy (30.0-55.8) Additional Treatments in conjunction with PBT: Chemotherapy, 100% (34/34); Shunt, 58.8% (20/34); Gross total resection, 8.8% (3/34); Near total resection, subtotal resection, 11.8% (4/34); Biopsy, 70.6% (24/34)	Median F/U (range): 15 (6 to 28.8) months	Primary Outcomes NR Secondary Outcomes Proportion of Patients with Psychological Impairments, % (n/N) Total behavior problems++ • Suprasellar: 16.7% (NR) • Pineal: 22.2% (NR) • Basal Ganglia: 50% (NR) • Bifocal: 12.5% (NR)	Proportion of Patients with Neurocognitive Impairments, % (n/N) K-WAIS/K-WISC FSIQ • Suprasellar: 14.3% (NR) • Pineal: 30% (NR) • Basal Ganglia: 83.3% NR) • Bifocal: 20% (NR) KWISC/KWAIS IQ Score, Mean ± SD: Baseline: 96.74 ± 21.36 Mean Change Score ± SD Baseline to 1 to 2 years after PBT Radiation Field • Cranial spinal

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Pulsifer (2018)	Diagnosis: Pediatric Brain	N=155 Age: 8.9 years (range,	PBT: CSI, 38.7 (60/155);	Median F/U (range): 43.2 (13.2 to 136.8)	NR	Whole ventricle irradiation: 5.30 ± 6.04 (n=10) p=0.327 Radiation Dose
RoB: High	(Medulloblastoma, 34.8 (54/155); Craniopharyngioma	1-22.5) Male: 48.4%	Focal, 61.3% (95/155) Median total PBT Dose	months		score ± SD (n=114) • Baseline: 105.4 ± 14.3
Prospective Case Series	, 18.1% (28/155); Ependymoma, 16.1% (25/155);	Primary Tumor Sites: Infratentorial, 51.6% (80/155)	(Range): CSI: 54.0 Gy (RBE) (range, 30.6-54.0 Gy			• Final follow-up: 102.5 ± 14.8 p=0.005
USA Funding: This project was	Glial (astrocytoma; glioma), 14.2% (22/155); Germ cell, 7.7%	Supratentorial, 48.4% (75/155) Risk Classification: NR	(RBE)) Focal: 52.2 Gy (RBE) (range, 30.6-57.6 Gy (RBE))			Mean Scales of Independent Behavior - Revised Broad
supported by Award Number P01CA021239 from the National Cancer	(12/155) Other, 9% (14/155)) Indication: Curative		Additional Treatments in conjunction with PBT:			Independence ± SD (n=147) • Baseline: 102.4 ± 18.0
Institute and by the Federal Share of program income earned by the	Intent		Shunt, 32.5% (25/155); Chemotherapy, 63.2% (95/155); Biopsy, 11.6%			• Final follow-up: 100.4 ± 16.3 p=0.261
Massachusetts General Hospital on C06 CA059267 Proton Therapy Research and			(18/155); Near/subtotal resection, 34.8% (54/155);			
Treatment Center			Gross total resection, 51% (79/155);			

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
COI: NR Does subpopulation analysis for both of the outcomes listed based on age, sensory deficit, sex, etc. Ventura	Diagnosis:	N=65	Daily anesthesia during radiation, 45.2% (70/155)	Mean F/U (range):	Primary Outcomes	Proportion of
(2018)	Pediatric Brain,	Mean Age ± SD: 12.4 ±	-Medulloblastoma: CSI	38.4 (12 to 106.8)	NR	patients that
RoB: High Prospective Case	Spinal, Paraspinal (Medulloblastoma, 43.9 (29/65); Glial (astrocytoma;	3.7 years Male: 43.9% Primary Tumor Sites:	+ a boost to the tumor site in the posterior Fossa -Craniopharyngioma,	months	Secondary Outcomes	developed posterior fossa syndrome: 9.2% (6/65)
Series	glioma), 15.2%	Infratentorial, 55.4%	low-grade glioma, and		<u>Executive</u>	All outcomes below
LICA	(10/65);	(36/65);	Ependymoma: radiation to the tumor		Functioning (at final	are reported at last
USA	Craniopharyngioma, 16.7% (11/65);	Supratentorial, 44.6% (29/65)	site alone (partial brain		follow-up) Mean Continuous	follow-up Intellectual Abilities
Funding: NR COI: N.J.T. was on the	Ependymoma, 15.2% (10/65) Other, (9.1%	Risk Classification: NR	radiation) -Germ cell tumor patients: either CSI or		performance test score ± SD (range) ‡‡:	Mean Wechsler Full- scale IQ score ± SD (range): 103.7 ± 15.0
medical advisory board of ProCure until	(6/65))		partial brain radiation including a whole		41.7 ± 18.3 (4.2 to 99.9)	(78 to 138) - Mean Working
2008 and has stock	Indication: Curative		ventricle volume		,	Memory Index ± SD
options in ProCure that are currently without value.	Intent		followed by a boost to the tumor site		Mean Behavior Rating Inventory of Executive Function	(range): 101.6 ± 13.2 (70 to 150) - Mean Processing
N.J.T.'s spouse continues to serve on the medical advisory			Median total PBT Dose (Range): NR		Global executive composite score ± SD (range) §§:	Speed Index ± SD (range): 89.5 ± 15.7 (65 to 121)
board of			Additional Treatments		49.4 ± 10.3 (31 to	
ProCure. K.A.K. has			in conjunction with		78)	Academic Skills
stock or other			PBT:		Maan bak!	Mean Wechsler
ownership in Merk, Johnson and J			Surgical resection, 86.4% (57/65);		Mean behavior assessment system	individual achievement test
					for children	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
ohnson, CVS, Pfiser, Eli Lily, and Novo Nordisk. K.A.K. has a consulting or advisory role in Roche. Actual or potential conflicts of interest do not exist for any other author. Does subpopulation analysis across several different demographic variables			Chemotherapy, 66.7% (44/65)		(attention subscale) score ± SD (range)***: 47.8 ± 10.8 (33 to 76) Quality of Life Mean Pediatric Quality of Life Inventory Child- report for School functioning ± SD (range): 73.1 ± 18.2 (10 to 100) [Scores of less than 69.7 are considered to be at risk for impairment]	score for Word reading ± SD (range): 104.0 ± 14.1 (64 to 137) Mean Wechsler individual achievement test score for numerical operations ± SD (range): 102.4 ± 16.4 (61 to 148) Mean Wechsler individual achievement test score for spelling ± SD (range): 103.7 ± 13.8 (72 to 133)
McGovern	Diagnosis:	N=31	PBT:	Median F/U (range):	Primary Outcomes	Toxicity Grading
(2014)	Pediatric Brain, Spinal, Paraspinal	Median Age: 19 months (range, 4 – 55)	Passive scatter PBT	24 (3 to 53) months	2-year OS (95% CI) • From diagnosis:	<i>Criteria</i> : Radiation Therapy Oncology
RoB: High	(ATRT)	Male: 42%	Median total PBT Dose (Range):		68.3% (52.9% - 88.1%)	Group Criteria
Retrospective Case	Indication: Curative	Primary Tumor Sites:	Local radiation (n=17)		 From end of 	Acute Toxicity, %
Series	Intent	Disease confined to the primary site in the	with median dose of 50.4 Gy RBE (range, 9 –		radiation: 52.9% (36.0% - 77.8%)	(n/N) Authors state most
USA		brain: 52% (16/32)	54)		,	patients developed
COI: NR		Tumor Characteristics: Degree of Metastasis	CSI (n=14) with median tumor dose was 54 Gy RBE (range,		2-year PFS (95% CI) • From diagnosis: 47.6% (32.2% -	grade 1 or 2 skin toxicities of erythema and alopecia but no
Funding: This work was supported by the		Stage M0, 50% (16/32);	43.2 – 55.8)		70.5%)	data is provided • Sepsis

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Cancer Center Support Grant (NCI Grant P30 CA016672).		Stage M1, 9.7% (3/31); Stage M2, 16.1% (5/31); Stage M3, 19.4% (6/31); Stage M4, 3% (1/32) One patient had synchronous disease in the kidney.	Additional Treatments in conjunction with PBT: Chemotherapy prior to radiation, 84% (26/31); Chemotherapy during radiation, 35% (11/31); Gross total resection, 48% (15/31); Subtotal resection, 42% (13/31); Biopsy alone, 10% (3/31); Second look surgery, 6% (2/31)		• From end of radiation 45.9% (29.4% - 71.4%) Mortality, % (n/N) • All-cause: 42% (13/31) Secondary Outcomes NR	- Grade 4: 3.2% (1/31) - Grade 5: 3.2% (1/31) • Neutropenia - Grade 3: 6.5% (2/31) • Emesis - Grade 3: 3.2% (1/31) • Pancytopenia - Grade 4: 6.5% (2/31) • Thrombocytopenia - Grade 4: 3.2% (1/31) • Hypertension - Grade 4: 3.2% (1/31) • Hypertension - Grade 3: 3.2% (1/31) • Proportion of patients not completing planned radiotherapy due to toxicity: 6.5% (2/31) †††

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect	Safety
·	<u> </u>				Outcomes	
Ray 2013	Diagnosis:	N=22	PBT: standard PBT	Median F/U (range):	Primary Outcomes	The most frequently
RoB: High	Pediatric Lepatomeningeal	Median Age: 5 years (range, 1-17)	techniques for CSI	14 (4 to 33) months	There was no statistical difference	encountered toxicity of therapy was grade
NOB. High	Spinal Metastases:	Male: 73%	Median PBT dose: 37.8		(p=0.39) in OS	1 skin erythema
Retrospective Case	100%		Gy (range, 21.6 to 54)		between the	,
Series		Risk Classification: NR			different diagnoses	
	Medulloblastoma,				(ATRT, Ep, Med,	
Switzerland	40.9% (9/22); Ependymoma,				PNET, and other)	
COI: NR	13.6% (3/22);					
	ATRT, 18.2% (4/22);					
Funding: NR	PNET, 13.6% (3/22);				Local Control (95%	
	Other, 13.6% (3/22)				CI)	
	Indiantian Constitu				• 3-month: 77.3%	
	Indication: Curative Intent				(NR) • 6-month: 72.1%	
	intent				(NR)	
					• 12-month: 68%	
					(NR)	
					Mortality, % (n/N)	
					All-cause: 32%	
					(7/22)	
					Secondary	
					<u>Outcomes</u>	
					NR	
Weber	Diagnosis:	N=15	PBT: PBS	Median F/U (range):	Primary Outcomes	Toxicity Grading
(2015)	Pediatric Non- metastatic ATRT	Mean Age ± SD: 17.4 ± 7.0 months	PBT Dose (Range): 54	33.4 (9.7 to 69.2) months	OS (95% CI) • 2-year: 64.6%	Criteria: CTCAE v.4.0
RoB: High	metastatic ATM	Male: 53%	Gy (RBE)	months	(39.9% to 89.9%)	Proportion of
	Indication: Curative				(55.575 to 55.579)	patients experiencing
Retrospective Case	Intent	Tumor Characteristics:			PFS (95% CI)	a decreased
Series		NR	Additional Treatments		• 2-year: 66% (41.7%	performance status
Contract		Data and Too Cit	in conjunction with		to 90.3%)	of WHO 2 after PT, %
Switzerland		Primary Tumor Sites:	PBT:			(n/N): 13 % (2/15)

Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
	Posterior fossa, 63.6% (9/15) Risk Classification: NR	Subtotal resection, 46.7% (7/15); Gross total resection, 46.7% (7/15); Biopsy only, 6.7% (1/15); Chemotherapy, 46.7% (7/15)		Local Failure Free Survival (95% CI) • 2-year: 78% (55.7% to 100%) Distant Brain Failure Free Survival (95% CI) • 2-year: 76.6% (43.9% to 100%)	Acute Toxicity, % (n/N) • Bone Marrow Toxicity - Grade 1: (11/15) - Grade 2: (2/15) • Alopecia - Grade NR: 100% (15/15)
				Proportion of patients experiencing tumor recurrence or progression: 40% (6/15) Proportion of Patients presenting with local failure: 20% (3/15)	 Erythema Grade 1-2: 93.3% (14/15) Late Toxicity, % (n/N) Motor Dysfunction Grade 1: 6.7% (1/15) Grade 4: 6.7% (1/15)
				Proportion of Patients presenting with distant brain failure: 26.7% (4/15) Mortality, % (n/N) • Disease-related: 40% (6/15) Secondary	Toxicity Free Survival (95% CI) • 2-year: 90% (71.4% to 100%)
		Population Posterior fossa, 63.6% (9/15) Risk Classification:	Population Posterior fossa, 63.6% (9/15) Subtotal resection, 46.7% (7/15); Gross total resection, 46.7% (7/15); Biopsy only, 6.7% (1/15); Chemotherapy, 46.7%	Population Posterior fossa, 63.6% (9/15) Subtotal resection, 46.7% (7/15); Gross total resection, 46.7% (7/15); Biopsy only, 6.7% (1/15); Chemotherapy, 46.7%	Population PBT specifications F/U Secondary/Indirect Outcomes Outcomes Court Outcomes Outcomes

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Mean ± SD Pediatric QoL – Parent Proxy Scores • Total Score -Baseline (n=8): 44.20 ± 18.53	
					-2-months (n=7): 42.01 ± 17.84	
					● <i>Physical</i> -Baseline (n=8): 39.59 ± 22.31	
					-2-months (n=8): 43.59 ± 21.03	
					• Emotion -Baseline (n=9): 41.53 ± 18.98	
					-2-months (n=8): 44.19 ± 21.04	
					• Social (n=7 vs. 7): -Baseline (n=7) 47.07 ± 28.44	
					-2-months: 35.86 ± 26.79	
					• Kindergarten/Scho ol -Baseline (n=7): 56.25 ± 4.17	
					-2-months (n=7): 62.50 ± 8.33	
					• Psycho-social (n=7 vs. 7):	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					-Baseline (n=7):	
					45.35 ± 16.91	
					-2-months (n=7):	
					43.71 ± 15.43	
Bojaxhiu,	Diagnosis:	N=171	PBT	Median F/U (range):	Primary Outcomes	Patients developing
2018	Pediatric Brain	Median Age (Range):	PBS with	49.8 (5.9 to 194.7)	Mortality, % (n/N)	Radiation Necrosis, %
	(Endymoma, 34%	3.3 years (0.3 to 17.0)	energy-degraded	months	All-cause:	<u>(n/N)</u>
RoB: High	(64/171);	Male: 50%	beams from the 590-		1.2%	 All patients: 17%
	Low-grade		MeV cyclotron until		(2/171)	(29/171)
Retrospective Case	glimoma, 12%	Primary Tumor Sites:	2005 and with the			- Grade 1: 9.9%
Series	(20/171);	Skull base, 15%,	dedicated 250-MeV		<u>Secondary</u>	(17/171)
	Chordoma, 9%	(25/171);	cyclotron thereafter		<u>Outcomes</u>	- Grade 2: 4.7%
Switzerland	(16/171);	Optic pathway 5%			NR	(8/171)
	Craniopharyngioma	(9/171);	Median PBT Dose			- Grade 4: 1.2%
Funding:	, 9% (16/171);	Infratentorial, 41%	(Range): 54 Gy (RBE)			(2/171)
Financial support was	Medulloblastoma;	(70/171);	(40.0-74.1) delivered in			- Grade 5: 1.2%
provided by Prof. Dr D.	5% (9/171);	Supratentorial, 39%	a median dose per			(2/171)
M. Aebersold (Bern	Atypical teratoid	(67/171)	fraction of 1.8 Gy (RBE)			- Symptomatic: 7%
University Hospital)	rhabdoid tumor,		(1.5-2.0)			(12/171)
	7% (12/171);	Tumor Size:				- Asymptomatic: 9.9%
COI: None	Germ cell tumor,	<5 cm, 56% (96/171);	Additional Treatments			(17/171)
	5% (8/171);	>5 cm, 43% (74/171);	in conjunction with			
	Choroid plexus	Multiple lesions, 1%	PBT:			Symptoms of patients
Also provides	carcinoma, 5%	(1/171)	Chemotherapy prior to			with symptomatic
subpopulation data on	(9/171);		PBT, 61% (105/171);			Radiation Necrosis
grade 1 vs grade 2,	Chondrosarcoma,	Risk Classification:	Concomitant			(n=12), % (n/N)
etc	4% (6/171);	WHO grade 1-2, 26%	chemotherapy, 18%			 Mental status
	Menginioma, 2%	(44/171);	(30/171);			alternation: 66.4%
	(4/171);	WHO grade 3-4; 54%	Adjuvant			(3/12)
	Primitive	(92/171); None, 20%	chemotherapy 19%			 Motor function
	neuroectodermal	(35/171)	(32/171);			impairment: 66.7%
	tumor, 2% (4/171);		Total tumor resection,			(8/12)
	Other, 5% (9/171))		37% (63/171);			• Unclear: 8.3% (1/12)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
	Indication: Curative intent: 64% (110/171) Salvage therapy (for recurrent disease): 36% (61/171)		Subtotal tumor resection, 51% (87/171); Patients receiving general anesthesia during PBT, 64% (110/171)			Proportion of patients developing White Matter Lesion, % (n/N) • All patients: 11% (18/171) - Grade 1: 7.6% (13/171) - Grade 2: 2.3% (4/171) - Grade 3: 0.6% (1/171) - Symptomatic: 2.9% (5/171) - Asymptomatic: 7.6% (13/171)
						Symptoms of patients with symptomatic White Matter Lesion (n=5), % (n/N): • Mental status alternation: 20% (1/5) • Motor function impairment: 60% (3/5) • Seizures: 20% (1/5) 5-year Radiation Necrosis free survival: 83% (95% CI, NR)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						5-year White Matter Lesion free survival: 87% (95% CI, NR) 5-year Radiation Necrosis/White Matter Lesion free
						survival: 70% (95% CI, NR) Proportion of patients presenting with MRI parenchymal brain
						alterations (by tumor type), % (n/N) • Ependymoma: 39% (25/64) • Low-grade glioma: 30% (6/20)
						 Chordoma and chondrosarcoma: 23% (5/22) Medulloblastoma: 22% (2/9) Atypical teratoid
						rhabdoid tumor: 17% (2/12) • Choroid plexus carcinoma: 25% (1/4)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						• Germ cell tumor: 13% (1/8) • Craniopharyngioma: 7% (1/15) Risk of developing Radiation Necrosis by treatment aim, HR (95% CI) Curative intent vs. salvage therapy: 0.96 (0.43 to 2.03); p =0.927 Risk of developing a White Matter Lesion by treatment aim, HR (95% CI) Curative intent vs. salvage therapy: 0.37 (0.35 to 1.27); p =0.239

AE = Adverse Events; ATRT = Atypical teratoid rhabdoid tumor; CI = Confidence Interval; CI = Cranial Spinal Irradiation; CNS = Central nervous system; COI = Conflict of Interest; CTCAE = Common Terminology Criteria for Adverse Events; F/U = Follow-up; GBM = Glioblastoma multiform; Gy = Gray; HR = Hazard Ratio; ICU – Intensive Care Unit; IQ = Intelligence Quotient; IQR = Interquartile Range; KWAIS – Korean Wechsler Intelligence Scale for Children; MDI = Mental Development Index; NR = Not Reported; NRSTS = Non-Rahabdomyosarcoma; OS = Overall Survival; PBT = Proton Beam Therapy; PFS = Progression Free Survival; PNET = Primitive neuroectodermal tumor; QoL = Quality of Life; RBE = Relative Biological Effectiveness; RMS = Rahabdomyosarcoma; RoB = Risk of Bias; RT = Radiation therapy; SD = Standard Deviation; SIB-R = Scales of Independent Behavior; WHO = World Health Organization *All patients presenting with local or distant failure in this study were patients having received postoperative chemotherapy prior to irradiation. 28.6% (2/7) of all those that experienced local failure presented with synchronous microscopic cerebral spinal fluid dissemination

‡Vasculopathy was defined as any asymptomatic vessel narrowing identified on imaging or found after symptomatic presentations from transient ischemic attacks or cerebrovascular §Grade 1: involvement of the anterior hypothalamus; and Grade 2: involvement of the anterior and posterior hypothalamic area (i.e., involving the mammillary bodies and the area beyond the mammillary bodies).

^{†1} medulloblastoma patient who had a grade 2 injury in the spinal cord at the C1 level was excluded because it was technically outside of the brainstem.

‡‡Assessed using the Continuous Performance Test, 2nd Edition, which provides an estimate of the probability that a given child's performance resembles that of a child with clinically significant attention problems.

§§Parent-report of Executive Functioning was obtained using the Behavior Rating Inventory of Executive Function (BRIEF). This measure provides a T-score with a mean of 50 and a SD of 10; higher scores indicate more problems with Executive Functioning

***BASC-2, (Attention Subscale) parent-report of attention difficulties were also collected using the Behavior Assessment System for Children, 2nd Edition. This measure provides a T-score; higher scores indicate more attention problems.

†††One patient was neutropenic during and after induction chemotherapy. She died after four fractions of radiation due to sepsis from a Pseudomonas diaper rash. Another patient 28 was thrombocytopenic throughout induction chemotherapy and developed severe hypertension with an acute intracranial bleed during radiation. She subsequently recovered and was alive with no evidence of recurrence at last follow-up.

Appendix Table N3. Study characteristics and patient demographics: <u>comparative studies</u> of proton beam therapy in <u>pediatric brain, spinal, and paraspinal</u> cancers

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Bishop 2014	52	PBT (n=21):	Inclusion: Patients w/	PBT vs. IMRT	PBT vs. IMRT	3-year OS, CFFS, and	Funding:
		Median total dose	histologically confirmed			NFFS	Cancer Center
Retrospective		(Gy): 50.4	craniopharyngioma; age	Median age (years): 9.1 vs.	F/U (median		Support (Core)
Cohort		[passive scatter]	≤18 years at time of RT;	8.8	[range]): 33.1	Cyst growth	Grant
			treated with IMRT or	Male: 43% vs 45%	(10.5-65.6) vs.		CA016672 to
Moderately		IMRT (n=31):	PBT from 1996 through	Tumor size (cm): 4.5 vs. 3.6	106.1 (1.9-	Harms	The University
High		Median total dose	2012		185.3) p<0.001		of Texas M. D.
		(Gy): 50.4		Presenting symptoms			Anderson
USA			Exclusion: NR	 Headaches: 76% vs. 48%, 	% F/U : CD*		Cancer
		Indication:		p=0.038			Center.
		• Definitive: 13%		 Visual defects: 52% vs. 81%, 			
		• Post-		p=0.083			Subpopulation
		op/adjuvant:		 Endocrinopathies: 19% vs. 			analysis for
		44%		39%			cyst growth,
		• Salvage: 42%					some toxic

^{**}A modified version of the Epworth Sleepiness Scale was administered to subjectively measure daytime sleepiness. Caregivers were asked to rank the propensity for the child or adolescent to fall asleep in various everyday situations (0=no chance to 3=high chance of dozing) for each of the eight items, with a maximum score of 24. Higher scores indicate higher levels of excessive daytime sleepiness.

^{††}Includes withdrawn, somatic complaints, depression/anxiety, social problems, thought problems, attention/hyperactivity, delinquent behavior, aggressive behavior, internalizing problems, externalizing problems

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				Extent of first surgery, p=0.032 Cyst drainage, fenestration, shunting: 33% vs. 61% Subtotal resection: 43% vs. 35% Gross total resection: 24% vs. 3% Number of surgeries 1: 71% vs. 55% 2: 19% vs. 29% 3: 10% vs. 13% 3: 0% vs. 3% Radiation Intent Postoperative: 38% vs. 48% Definitive: 19% vs. 10% Salvage: 43% vs. 42% Re-imaging during RT: 90% vs.			effects available Also for OS, CFFS, NFFS by radiation intent
Eaton 2016a/2016b (2016 b – late endocrine abnormalities only) Prospective Cohort	2016a: 88 2016b: 77	PBT (2016a, n=45; 2016b, n=40): Median (range) dose: 23.4 (18-27) Total dose range to primary (Gy): 54-55.8 [3D Conformal PBT]	Inclusion: Patients with standard risk medulloblastoma: age >3 years at diagnosis; <1.5 cm² residual disease after surgery; and M0 disease based on MRI of the spine and cerebrospinal fluid cytology examination	16% PBT vs. photon RT Median age (years): 6.2 (range 3.3 to 21.9) vs. 8.2 (range 3.4 to 19.5); p=0.011 Male: 56% vs. 67% Histology Classic: 76% vs. 86% Anaplastic: 13.% vs. 7% Other: 11% vs. 3%	PBT vs. photon RT F/U (median [range]): • 2016a 74.4 months (6.1.2 to 79.2) vs. 84 months (69.6 to 106.8)	6-year OS and RFS Harms	Funding: NCI, award number P01CA021239, and the Federal Share of program income earned by Massachusetts
Moderately High US		Photon RT (2016a, n=43; 2016b, n=37): Median (range) dose: 23.4 (18- 26.4)	Exclusion: NR	Residual disease after surgery • <1.5 cm2: 11% vs 2% • None/GTR: 88.9% vs. 97.7% Chemotherapy: 100% vs. 100%	• 2016b 69.9 (NR) vs. 84 (NR) months, p=0.01 (difference in		General Hospital on C06 CA059267, Proton Therapy Research and

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Í		Total dose range		Location of RT boost	f/u time		Treatment
		to primary (Gy):		• Tumor bed: 62% vs. 54%	between		Center
		54-55.8 (n=1 had		 Posterior fossa: 29% vs. 	groups)		
		>55.8) [IMRT or		27%			Subpopulation
		3DCRT]		• PF > TB: 9% vs. 20%	% F/U : CD†		analysis for
		A.I					male vs.
		All patients underwent					female etc.
		maximal safe					available
		resection of the					
		primary tumor					
		followed by					
		craniospinal					
		irradiation and					
		involved field or					
		posterior fossa RT					
		boost and					
		chemotherapy					
		(most often					
		adjuvantly; some					
		received pre-					
		radiation					
		chemotherapy)					
Gunther 2015	72	PBT (n=37):	Inclusion: non-metastatic	PBT vs. IMRT	PBT vs. IMRT	4-year OS	Funding:
[Crossover of		Mean total dose	intracranial ependymoma	Madian and (manths), 21 Ava	F/II /madian	l la was a	Supported by National
patients		(Gy): 57.2 (range, 53-59.4)	(anaplastic and well- differentiated) who were	Median age (months): 31.4 vs. 73; p=0.06	F/U (median [range]): All	Harms	Institutes of
between		33-39.4)	treated between 2000 and	73, μ=0.06 Male: 59% vs. 54%	patients, 40.6		Health/Nationa
Gunther 2015			2013; Patients who had at	Tumor location	months (7.3-		I
and Sato 2017]		IMRT (n=35):	least 1 MRI performed at	• Infratentorial: 70% vs. 60%	140.7)		Cancer
and sate 2017		Mean total dose	least 6 months after RT	• Supratentorial: 30% vs. 40%	1.0.7		Institute
Retrospective		(Gy): 55.9 (range,		Diagnosis	% F/U : CD‡		Clinical Trials
Cohort Study		50.4-59.4)	Exclusion: any previous	Anaplastic ependymoma:	,		Support
,		,	intracranial radiation	84% vs, 80%			Resource grant
Moderately				• Ependymoma: 16% vs. 20%			P30CA016672
High				Extent of resection			

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
USA				 Gross total resection: 97% vs. 80% Subtotal resection: 3% vs. 20% Chemotherapy before RT: 14% vs. 20%; p=0.54 Chemotherapy after RT: 14% vs. 0%; p=0.054 			
Sato 2017 [Crossover of patients between Gunther 2015 and Sato 2017] Retrospective Cohort Study Moderately High USA	79	PBT (n=41): Median total dose (Gy): 55.8 (range, 50.40-59.40) IMRT (n=38): Median total dose (Gy): 54.0 (range, 50.4-59.4) All patients underwent ≥1 surgical procedures at the time of the initial diagnosis to achieve a maximal safe resection	Inclusion: Patients with newly diagnosed localized intracranial ependymoma treated with PBT or photon RT between September 2000 and April 2013 at the Texas Children's cancer center or Texas MD Anderson Cancer Center; chemotherapy prior to RT was OK Exclusion: NR	PBT vs. IMRT Median age: 2.5 years (range, 0.5 to 18.7) vs. 5.7 years (range, 0.4 to 16.5); p=0.001 Male: 61% vs. 55% Histology Grade II (differentiated): 20% vs. 18% Grade III (anaplastic): 80% vs. 82% Tumor location (infratentorial): 76% vs. 61% Gross total resection: 93% vs. 76%; p=0.043 Chemotherapy before RT: 15% vs. 24%	PBT vs. IMRT F/U (median [range]): 31.2 months (7.2- 86.4) vs. 58.8 (13.2-140.4); p<0.0001 % F/U: CD§	3-year OS and PFS 6-year Local recurrence-free survival Mortality Harms	Funding: None
Retrospective Cohort Study RoB: Moderately high	150	PBT (n=90): Mean total dose (Gy): 54.0 (30.0-60.0) [Passive scatter (90%), PBS (10%)] Photon RT (n=60):	Inclusion: Patients with brain tumors treated with PBT from 2007 to 2012 or with photon RT from 2002 to 2007; age ≤18 years; only a single course of RT; English- or Spanish-speaking	PBT vs. IMRT Mean age (years): 9.2 (range, 1.7 to 18.2) vs. 8.1 (range, 1.2 to 18.0) Male: 60% vs. 55% Histology, p=0.002 • Glioma: 22% vs. 13%	PBT vs. Photon RT F/U (median [±SD]): 32.4 months (±22.8) vs. 64.8 months	Average change in IQ score per year	Funding: This work was supported, in part, by the Texas Children's Hospital Pediatric Pilot

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
USA		Mean total dose (Gy): 54.0 (30.6- 59.4) [3D-CRT (8.3%), IMRT (45%), 3DCRT+IMRT boost (46.7%)]	Exclusion: High-grade gliomas, brainstem gliomas, and atypical teratoid/rhabdoid tumors	 Medulloblastoma/PNET: 38% vs. 47% Ependymoma: 4% vs. 22% Germ cell tumor: 19% vs. 5% Other: 17% vs. 7% Tumor location Infratentorial: 40% vs. 54% Supratentorial: 60% vs. 46% Craniospinal irradiation: 57% vs. 52% Craniotomy: 87% vs. 97%, p=0.46 Ventriculoperitoneal shunt: 30% vs. 50%, p=0.01 Lansky/Karnofsky performance score ≤80: 39% vs. 58%; p=0.03 	(±39.6); p<0.001 % F/U -all patients: 73% (150/205) -PBT vs. Photon RT: CD**		Research Fund and by the National Cancer Institute Grants K07CA157923 and R01CA187202
Retrospective Cohort Study (NCDB database) Moderately High	1300 [n=783 included for survival analysis] (demogr aphic data provided for 1277 patients only)	PBT (n=117) IMRT (n=157) 2D/3D CRT (n=1003) Median total dose (Gy): All patients, 54	Inclusion: Age <19 years old; histologically-confirmed medulloblastoma; received both chemotherapy and RT Exclusion: diagnosed after 2009 (for survival analyses only; per NCDB data-use guidelines)	PBT vs. IMRT vs. 2D/3D CRT Mean age (all patients): 8.4 years (range, 0 to 18) Male: 55% vs. 67% vs. 66% Charlson-Deyo Comorbidity score 0: 97% vs. 94% vs. 95% 1: 2% vs. 5% vs 3% 2: 1% vs. 1% vs. 2% Histology Classic/Not otherwise specified: 86% vs. 84% vs. 85% Desmoplastic: 9% vs. 10% vs. 9% Large Cell: 6% vs. 6% vs. 6%	F/U (median [range]): All patients, 54 months % F/U - All patients: 60.2% (783/1300)	5-year OS	Funding: NR

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
•				Chemotherpay: 100% vs. 100% vs. 100%			
Paulino 2018 Retrospective	84	PBT (n=38): Dose range (Gy): 54 Gy to 55.8 Gy	Inclusion: Patients with medulloblastoma who were treated with RT and	PBT (passively scattered) vs. Photon RT	PBT (passively scattered) vs. Photon RT	Harms (Hearing Loss)	Funding NR
Cohort Study		[passively scattered PBT]	cisplantin-based chemotherapy	Median age (range): 7.6 years (2.9 to 14.5) vs. 9.0 years (3.0	F/U (median		
Moderately High		Photon RT (n=46): Dose range (Gy):	Exclusion: NR	to 18.0) Male: 74% vs. 70% Risk Category	[range]): 55.5 months (17– 101) vs. 65.5		
USA		54 Gy to 55.8 Gy [3DCRT + IMRT boost]		 Standard: 63% vs. 74% High: 37% vs. 26% Shunt placement: 34% vs. 	months (13– 163) % F/U		
		All patients underwent maximal safe		52% Posterior Fossa syndrome: 13% vs. 15% Radiotherapy boost	-All patients: 80% (86/107) -PBT vs. Photon		
		resection followed by		Posterior fossa boost: 0% vs. 13%	RT: 86% (38/44) vs. 73%		
		craniospinal irradiation, posterior fossa		 Posterior fossa followed by tumor bed boost: 0% vs. 63% 	(46/63)		
		and/or tumor bed boost and cisplatin-based		• Tumor bed boost: 100% vs. 24%			
		chemotherapy		Chemotherapy: 100% vs. 100%			
Song 2014	43	PBT CSI (n=30): Mean CSI dose	Inclusion: Age <18 years; malignant brain tumor;	PBT CSI vs. Photon RT CSI Median Age (years): 10	All patients	Harms	Funding: Supported by a
Retrospective Cohort Study		(CGE or Gy): 29.4 (19.8-39.6) Mean total dose	underwent PBT at National Cancer Center, Korea, between April 2008 and	(range, 2 to 18) vs. 11 (range, 3 to 18) Male: 53% vs. 62%	F/U (median [range]): 22 months (range,		grant from the National Cancer Center,
Moderately High		(Gy): 51.8 (range, 30.6 – 61.2)	December 2012 and photon RT between January 2003 and	Histology • Medulloblastoma: 30% vs. 31%	2 to 118) % F/U : CD++		Korea (no. 1010480)
Korea		Photon RT CSI (n=13):	December 2012	• Mixed germ cell tumors: 17% vs. 23%	70 F/ U. CDIII		

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Mean CSI dose (CGE or Gy): 32.1 (23.4-39.6) Mean total dose (CGE): 53.2 (range, 39.6 – 60.6)	Exclusion: Patients who received concurrent chemotherapy and patients who received both photon RT CSI and PBT CSI	 Germinoma: 20% vs. 8% Non-germinomatous germ cell tumor: 10% vs. 8% Other: 20% vs. 15% Treatment Aim Curative Intent: 73% vs. 69% Leptomeningeal seeding or recurrent tumor: 27% vs. 31% Chemotherapy prior: 87% vs. 77% 			
Bielamowicz 2018 [Likely crossover of patients with Paulino 2018; studies report different outcomes] Retrospective Cohort Study Moderately High USA	95	PBT (n=41) Passive Scatter Mean dose (Gy): 55.3 (All patients received a tumor bed with margin boost) Photon RT (n=54) 3DCRT to the cranial spinal axis + IMRT boost Mean Dose (Gy): 55.4	Inclusion: All patients received upfront surgical resection followed by radiotherapy and adjuvant chemotherapy. Eligible patients for this study were those who had pre- radiation thyroid function labs and one or more set of thyroid function studies at least one-year post- radiotherapy. Exclusion: Patients without either baseline or subsequent thyroid function studies at least one year after the completion of radiation	PBT vs. Photon Median age (range): 8.2 (2 to 18) years vs. 7 (2.3 to 14.4) years Male: 75.9% vs. 68.3% Diagnosis: Medulloblastoma, all Adjuvant Chemotherapy: 100% vs. 100% Maximal Safe Tumor Resection: 100% vs. 100% Risk Level: - Standard: 61% vs. 75.9% - High: 39% vs. 24.1%	All patients F/U (median [range]): 56.4 (26.4 to 115.2) vs. 121.2 (38.4 to 193.2); p<0.0001 % F/U: CD##	Mortality Harms	
Kahalley 2019	93	PBT (n=53)§§ - PBT CSI (n=22)	Inclusion for PBT group: (1) diagnosed with a primary brain tumor, (2) between the ages of 3-18 years	PBT CSI vs. PBT Focal vs. Surgery	Median F/U: NR	Neurological outcomes (FSIQ)	Funding: National Institutes of Health/Nationa

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Prospective Comparative Cohort Moderately High USA		Median dose (range): 54 Gy (45 to 54) - PBT focal RT (n=31) Median dose (range): 50.4 Gy (30 to 59.4) [p-value for the difference in dose: p=0.002] Surgery (n=40)	(inclusive) at enrollment, and (3) within 6 months of cranial PRT (focal or CSI) with no history of prior courses of RT Inclusion for Surgery group: (1) diagnosed with a primary brain tumor, (2) between the ages of 3-18 years (inclusive) at enrollment, and (3) within 6 months of surgical resection or biopsy, with no history of RT or plan for future RT at the time of enrollment. Exclusion: Patients diagnosed with brain stem glioma, high grade glioma, or atypical teratoid/rhabdoid tumor	Age (range): 10 (2.2 to 17.8) vs. 8.4 (1.0 to 16.5) vs. 9.3 (2.2 to 18.6) years Male: 59.1% vs. 45.2% vs. 52.5% Histology - Glioma: 4.5% vs. 51.6% vs. 80% - Medulloblastoma/PNET: 77.3% vs. 3.2% vs. 0% - Ependymoma: 0% vs. 19.4% vs. 0% - Germ Cell Tumor: 13.6% vs. 9.7% vs. 0% - Craniopharyngioma: 0% 12.9% vs. 10% - Other: 4.5% vs. 3.2% vs. 10% p<0.001 Tumor Location - Supratentorial: 27.3% vs. 67.7% vs. 75% - Infratentorial: 72.7% vs. 32.3% 25% p=0.001 Median Maximum Tumor Diameter (range): 4.3 (2.5 to 7.0) vs. 4.0 (1.5 to 7.4) vs. 4.6 (0.9 to 7.8) Ventriculoperitoneal shunt: 0% vs. 29% vs. 10%, p=0.007	% F/U : 74.5% (93/125)		I Cancer Institute (R01CA187202 to LSK); National Institutes of Health/Nationa I Cancer Institute (K07CA157923 to LSK) COI: None

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
				Posterior Fossa Syndrome: 40.9% vs. 3.2% vs. 7.5%, p=0.0004			
				Mean Baseline FSIQ (SD): 94.2 (16.3) vs. 95.9 (19.5) vs. 93.1 (17.3)			

CD = cannot be determined; COI = conflict of interest; CI = confidence interval; CFFS = Cystic Failure Free Survival; CRT = Conformal radiotherapy; CSI = Cranial spinal irradiation; HR = hazard ratio; IMRT = Intensity modulated radiation therapy; IMRT = Intensity Modulated Radiation therapy; MRI = Magnetic resonance imaging; NFFS = nodular failure-free survival; NR = Not Reported; OR = odds ratio; ROB = Risk of Bias; RT = Radiation Therapy

*Bishop 2014: Follow-up and differential loss to follow-up cannot be determined (number eligible not provided, number excluded and loss to follow-up not described; PBT only 2007 -2012)
†Eaton2016a/b: Follow-up and differential loss to follow-up cannot be determined (number of eligible patients and loss not described and in 2016 b, only patients with 3 years of follow-up with routine endocrine screening were included)

‡Follow-up and differential loss to follow-up cannot be determined (# eligible not provided, only Patients with least 1 MRI performed at least 6 months after RT included)

§Follow-up and differential loss to followup cannot be determined (# eligible not provided, of 93 newly diagnosed patients, 14 were lost to follow-up of those 93)

**Authors do not provide information on the number of patients lost from each treatment group so differential loss to follow-up cannot be determined.

††Follow-up and differential loss to follow-up cannot be determined (# eligible not provided, patient selection methods not clear)

‡‡Follow-up and differential loss to follow-up cannot be determined (# eligible not provided, patient selection methods not clear). Authors state that 27 patients were excluded for the following reasons. Twelve patients died within a year of diagnosis, six received subsequent follow up care at another institution, and nine were diagnosed within a year of our analysis and had insufficient follow-up time.

Appendix Table N4. Detailed data abstraction: comparative studies of proton beam therapy in pediatric brain, spinal, and paraspinal cancers

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Bishop 2014	PBT vs. IMRT	PBT vs. IMRT	PBT vs. IMRT
PBT (n=21) vs. IMRT (n=31) Retrospective Cohort	3-year OS (95% CI) 94.1% (NR) vs. 96.8% (NR); log-rank p=0.742	Early Cyst Growth (within 3 months of completing RT): 19% (4/21) vs. 42% (13/31); p=0.082	Toxicity Grading Criteria: NR Late Toxicity (newly acquired from start of radiation),
Moderately High USA	Mortality (NR by group): 7.7% (4/52), due to: Cyst progression: 1.9% (1/52) Treatment-related morbidity: 5.8% (3/52) (uncontrolled diabetes insipidus and postoperative neurologic injury) 3-year CFFS (95% CI) 67.0% (NR) vs. 76.8% (NR); log-rank p=0.994 3-year NFFS (95% CI) 91.7% (NR) vs. 96.4% (NR); log-rank p=0.546 Nodular failure: 4.8% (1/21) vs. 3.2% (1/31) (progression at 26 and 24 months, respectively) No differences by RT intent (salvage vs. definitive or adjuvant) were observed in 3-year OS, CFFS, or NFFS rates (p=0.294 OS, p=0.412 CFFS, and p=0.951 NFFS)	Late Cyst Growth (>3 months after RT): 19% (4/21) vs 32% (10/31); p=0.353 Requiring additional intervention: 14% (3/21) vs. 10% (3/31) (3 cyst drainage, 2 catheter placement, and 1 surgical fenestration)	 (n/N) Vascular: 10% (2/21) vs. 10% (3/31); p=1.00 Vision: 5% (1/21) vs. 13% (4/31); p=0.637 Hypothalamic obesity: 19% (4/21) vs. 29% (9/31); p=0.532 Endocrinopathy: 76% (16/21) vs. 77% (24/31); p= 1.00 Panhypopituitarism: 33% (7/21) vs. 55% (17/31); p=0.162 Other: 43% (9/21) vs. 23% (7/31); p=0.139 [To include, Growth hormone deficits, hypothyroidism, adrenal insufficiency, sexual hormone deficiencies] Vascular Injury (on imaging), % (n/N) 9.5% (2/21) vs 9.7% (3/31); p=1.0 (3 had symptomatic strokes, 1 radiologic vascular malformation, 1 radiologic moyamoya) In the 22 patients receiving RT as salvage therapy, there was significantly more morbidity related to visual (p=0.017) and endocrine (p=0.024) dysfunction and a higher rate of panhypopituitarism (p=0.023) compared with patients who received RT as definitive or adjuvant therapy.

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Eaton 2016a/2016b	PBT vs. photon RT	NR	PBT vs. photon RT
Eaton 2016a population PBT (n=45) vs. photon RT (n=43) Eaton 2016 b population (Endocrine Abnormalities only*) PBT (n=40) vs. photon RT (n=37) photon RT) Prospective Cohort Moderately High USA	6-year OS (95% CI) 82.0% (65.4% to 91.1%) and 87.6% (72.7% to 94.7%); log-rank p=0.285; adj. HR† 2.17 (0.66-7.16); p=0.201 6-year Recurrence-free survival (95% CI) 78.8% (63% to 89%) and 76.5% (60.6% to 86.6%); log-rank p=0.948; adj. HR† 1.31 (0.5-3.41); p=0.584 Total relapses/recurrences: 22.2% (10/45) vs. 23.3% (10/43) • Diffuse or Leptomeningeal Disease: 50% (5/45) vs. 50% (5/43) • Isolated Focal Spine: 20% (2/45) vs. 30% (3/43) • Isolated Posterior Fossa: 10% (1/45) vs. 20% (2/43) • Isolated Brain, other: 10% (1/45) vs. 0% (0/43) • Posterior Fossa + Focal Spine: 10% (1/45) vs. 0% (0/43)		Proportion of patients developing a secondary malignancy, % (n/N): 0% (0/45) vs. 7% (3/43) (anaplastic astrocytoma at 13 years, intracranial desmoid tumor at 4 years, thyroid cancer at 13 years) Late Endocrine Abnormalities, % (n/N) (Eaton 2016b) Univariate Analysis • Hypothyroidism: 22.5% (9/40) vs 64.9% (24/37); p<0.001 • Growth hormone deficiency: 52.5% (21/40) vs. 56.76% (21/37); p=0.708 -Received growth hormone replacement: 85.7% (18/21) vs. 76.2% (16/21), p=0.697 • Adrenal insufficiency: 5% (2/40) vs. 8.11% (3/37); p=0.667 • Sex hormone deficiency: 2.5% (1/40) vs. 18.92% (7/37); p=0.025 • Precocious puberty: 17.5% (7/40) vs. 16.22% (6/37); p=0.881 • Endocrine replacement therapy: 55% (22/40) vs. 78.38% (29/37); p=0.03 • Mean height standard deviation score (±SD) [n=36 vs. 23]: -1.19 (±1.22) vs2 (±1.35); p=0.02 • BMI standard deviation score (±SD) [n=36 vs. 23]: -1.19 (±1.21) vs2 (±1.35); p=0.02 • BMI standard deviation score (±SD) [n=36 vs. 24]: 0.6 (±1.08) vs. 0.38 (±1.17); p=0.453 Multivariate Analysis – ORs or Parameter Estimates (95% CI), PBT vs. Photon:

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Sex hormone deficiency: OR 0.06 (0.01 to 0.55); p=0.013 Endocrine replacement therapy: OR 0.30 (0.09 to 0.99); p=0.047 Height standard deviation score: parameter estimate 0.89 (0.24 to 1.54); p=0.008 Growth hormone deficiency: OR 0.81 (0.26 to 2.59); p=0.728 PRT remained a significant predictor of reduced risk of hypothyroidism, sex hormone deficiency, and need for endocrine replacement therapy and remained significantly associated with greater height SDS at last follow-up under the propensity adjusted models
Gunther 2015 [Crossover of patients between Gunther 2015 and Sato 2017] PBT (n=37) vs. IMRT (n=35) Retrospective Cohort Study Moderately High USA	4-year OS (95% CI) 87.5% (51.6% to 97.3%) vs. 78.8% (60.6% to 89.3%); log-rank p=0.21 4-year disease-specific Survival (95% CI) 90% vs. 78.8%; p=0.10 (only 1 death was no attributed to disease [toxicity])	NR	PBT vs. IMRT Proportion of patients experiencing changes on MRI, % (n/N) • Overall: 43.2% (16/37) vs. 17.1% (6/35) • Grade 1: 16.2% (6/37) vs. 2.9% (1/35) • Grade 2: 10.8% (4/37) vs. 14.3% (5/35) • Grade 3: 10.8% (4/37) vs. 0% (0/35) • Grade 4: 5.4% (2/37) vs. 0% (0/35) • Symptomatic (consistent with treatment-related CNS injury)‡: 10.8% (4/37) vs 8.6% (3/35) Likelihood of experiencing imagining changes on MRI, PBT vs. IMRT: Univariate analysis: OR 3.68 (95% CI, 1.23-10.99); p=0.019

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			Multivariate analysis: adj. OR 3.89 (95% CI, 1.20-12.61); p=0.024
Sato 2017	PBT vs. IMRT	NR	PBT vs. IMRT
[Crossover of patients between Gunther 2015 and Sato 2017] PBT (n=41) vs. IMRT (n=38) Retrospective Cohort Study RoB: Moderately high USA	OS (95% CI) 3-years: 97% (83%-99%) vs. 81% (63%- 90%); log-rank p=0.08 6-years: 88% (NR) vs. 70% (NR) [Estimated from figure 2C] PFS (95% CI) 3-year: 82% (64%-92%) vs. 60% (42%-74%); log-rank p=0.0307 HR (IMRT as reference), 0.422 (95% CI 0.16-1.10); p=0.077 6-year: 82% (NR) vs. 38% (NR) [Estimated from figure 2C] Local recurrence-free survival (95% CI) [Estimated from Figure 2C] 3-years: 88% (NR) vs. 65% (NR) 6-years: 88% (NR) vs. 40% (NR); log-rank p=0.01 Proportion of patients experiencing recurrence, % (n/N) 17% (7/41) vs. 55% (21/38), p=0.005		Toxicity, % (n/N) • All events: 7.3% (3/41) vs. 13.2% (5/38) • Radiation Necrosis: 7.3% (3/41) vs. 7.9% (3/38) (5 of the 6 required a steroid with or without bevacizumab) • Stroke: 0% (0/41) vs. 2.6% (1/38) • Cavernoma: 0% (0/41) vs. 2.6% (1/38)
	Local recurrence: 86% (6/7) vs. 86% (18/21) Disease-related mortality (disease progression)		

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
	4.9% (2/41) vs. 31.6% (12/38)		
Kahalley 2016	NR	NR	PBT vs. Photon RT
PBT (n=90) vs. Photon RT§ (n=60) Retrospective Cohort Study Moderately High USA			Adjusted change in IQ score per year (beta coefficient, 95% CI) • All patients: -0.7 (-1.6 to 0.2), p=0.13 vs1.1 (-1.8 to -0.4), p=0.004; p-value for the difference between PBT and photon RT = 0.51 ○ IQ scores were significantly higher in the PBT vs. the Photon group by 8.7 point on average, p=0.01 • CSI patients (n=69): -0.8 (NR), p=0.20 vs0.9 (NR), p=0.06; p-value for the difference between PBT and photon RT = 0.89 ○ IQ scores were significantly higher in the PBT vs. the Photon group by 12.5 point on average, p=0.004 Focal RT patients (n=54): -0.6 (-2.0 to 0.8), p=0.40 vs1.6 (-3.0 to -0.2), p=0.03; ; p-value for the difference between PBT and photon RT = 0.34
Kopecky 2017	PBT vs. IMRT vs. 2D/3D CRT	NR	NR
PBT (n=117) vs. IMRT (n=157) vs. 2D/3D CRT (n=1003) Retrospective Cohort Study Moderately High USA	5-year OS (all patient): 79% (95% CI NR) Univariate analysis for OS: • 2D/3D CRT (referent): HR 1.00 • PBT: HR 0.99 (95% CI 0.41 to 2.4); p=0.98 • IMRT: HR 0.82 (95% CI 0.46 to 1.48); p=0.52		
Paulino 2018	NR	NR	PBT (passively scattered) vs. Photon RT

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
PBT (passively scattered) (n=38) vs. Photon RT (n=46) Retrospective Cohort Study RoB: Moderately high USA			CTCAE criteria (v 3.0) Hearing Loss (according to worse ear) • Grade 0: 34.2% (13/38) vs. 21.7% (10/46) • Grade 1: 21.1% (8/38) vs. 39.1% (18/46) • Grade 2: 15.8% (6/38) vs. 10.9% (5/46) • Grade 3: 26.3% (10/38) vs. 21.7% (10/46) • Grade 4: 2.6% (1/38) vs. 6.5% (3/46) • Grade 3 and 4: 29.9% (11/38) vs. 28.3% (13/46), p=1.0 Cumulative incidence of Grade 3 and 4 ototoxicity (hearing loss) Left Ear: p=0.917 • 3-year: 11.5% vs. 16.4% • 5-year: 22.6% vs. 25.9% Right Ear: p=0.623 • 3-year: 14.2% vs. 11.6% • 5-year: 29.7% vs. 21.3%
Song 2014 PBT CSI (n=30) vs. Photon RT CSI (n=13) Retrospective Cohort Study Moderately High Korea	NR	NR	PBT CSI vs. Photon RT CSI Toxicity Grading Criteria: CTCAE v.4 Acute Toxicity, % (n/N) Hematological toxicities Leukopenia: p=0.069 Grade 3: 57% (14/30) vs. 46% (6/13) Grade 4: 7% (2/30) vs. 31% (4/13) Granulocyte colony-stimulating factor administration: 40% (12/30) vs. 31%(4/13); p=0.655 Anemia

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Grade 3: 0% (0/30) vs. 15% (2/13); p=0.493 Grade 4: 0% (0/30) vs. 0% (0/13) Red blood cell transfusion: 50% (15/50) vs. 39% (5/13); p=0.486 Thrombocytopenia: p=0.012 - Grade 3: 20% (6/30) vs. 31% (4/13) - Grade 4: 3% (1/30) vs. 23% (3/13) Platelet transfusion Grade 1 or 2: 17% (5/30) vs. 46% (6/13); p=0.042 Nonhematological toxicities Nausea Grade 1 or 2: 33% (10/30) vs. 46% (6/13); p=0.424 Grade ≥3: 0% (0/30) vs. 0% (0/13) Dysphagia Grade 1 or 2: 47% (14/30) vs. 15% (2/13); p=0.086 Grade ≥3: 0% (0/30) vs. 0% (0/13) Anorexia: p=1.00 Grade 1 or 2: 33% (10/30) vs. 31% (4/13) Grade 3: 3% (1/30) vs. 0% (0/13) Skin disorder Grade 1 or 2: 37% (11/30) vs. 31% (4/13); p=1.00 Grade ≥3: 0% (0/30) vs. 0% (0/13) Vomiting: p=1.00 Grade 1 or 2: 27% (8/30) vs. 31% (4/13) Grade 3: 3% (1/30) vs. 0% (0/13) Neurological disorders Grade 1 or 2: 13% (4/30) vs. 23% (3/13) Grade ≥3: 0% (0/30) vs. 0% (0/13) Diarrhea: p=0.023 Grade 1 or 2: 0% (0/30) vs. 8% (1/13) Grade 3: 0% (0/30) vs. 8% (1/13)

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Ophthalmic disorders Grade 1 or 2: 7% (2/30) vs. 8% (1/13); p=1.00 Grade ≥3: 0% (0/30) vs. 0% (0/13) Cough Grade 1 or 2: 7% (2/30) vs. 8% (1/13); p=1.00 Grade ≥3: 0% (0/30) vs. 0% (0/13) Changes in haematological parameters from before starting CSI to 1 month after treatment, mean ± standard deviation White blood cell count: -0.57 ± 2.22 vs2.61 ± 2.27; p=0.009 Haemoglobin (g/dl) corrected for transfusion: -0.57 ± 1.48 vs1.16 ±2.06; p=0.115 Platelet count (x10⁵cells/μl) corrected for transfusion: -0.68 ± 0.72 vs2.74 ±2.28; p=0.007
Bielamowicz 2018 {Patient crossover with Paulino 2018] PBT (n=41) vs. Photon RT (n=54) Retrospective Cohort Study Moderately High USA	Disease-related Mortality, % (n/N) All: 11.6% (11/95) [n=1 due to a secondary glioblastoma]	NR	PBT vs. Photon Proportion of patients developing hypothyroidism, % (n/N) [PBT as referent] - Any hypothyroidism: 19.5% (8/41) vs. 46.3% (25/54); HR 1.85 (95% CI, 0.8 to 4.2), p=0.14 - Primary Hypothyroidism: 7.3% (3/41) vs. 20.4% (12/54); HR 2.1 (95% CI, 0.6 to 7.7), p=0.27 - Central Hypothyroidism: 9.8% (4/41) vs. 24% (13/54); HR 2.16 (95% CI 0.7 to 6.6), p=0.18 5-year Hypothyroidism Free Rate (Kaplan Meier Analysis (95% CI)** 76% (60% to 87%) vs. 59% (44% to 71%)
Kahalley 2019	NR	NR	PBT CSI vs. PBT Focal vs. Surgery

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
PBT CSI (n=22) vs. PBT Focal (n=31) vs. Surgery (n=40) Prospective Cohort Study Moderately High USA			Adjusted change in FSIQ per year (beta coefficients, 95% CI) +†: - PBT CSI vs. PBT Focal: -2.9 (-4.7 to -1.1), p=0.003 - PBT CSI vs. Surgery: -2.1 (-3.8 to -0.3), p=0.020 - PBT Focal vs. Surgery: 0.8 (-0.8 to 2.4), p=0.302 Adjusted change in Verbal Comprehension Index per year (beta coefficients, 95% CI) +†: - PBT CSI vs. PBT Focal: -1.0 (95% CI -2.9 to 0.9), p=0.316 - PBT CSI vs. Surgery: -1.0 (95% CI -2.8 to 0.8), p=0.274 - PBT Focal vs. Surgery: 0.0 (95% CI -1.7 to 1.6), p=0.963
			Adjusted change in Perceptual Reasoning Index per year (beta coefficients, 95% CI) ++: - PBT CSI vs. PBT Focal: -1.1 (95% CI -3.6 to 1.5), p=0.399 - PBT CSI vs. Surgery: -0.7 (95% CI -3.1 to 1.8), p=0.591 - PBT Focal vs. Surgery: 0.4 (95% CI -1.8 to 2.6), p=0.699
			Adjusted change in Working Memory Index per year (beta coefficients, 95% CI) ††: - PBT CSI vs. PBT Focal: -1.4 (95% CI -3.7 to 0.8), p=0.205 - PBT CSI vs. Surgery: -1.5 (95% CI -3.6 to 0.7), p=0.177 - PBT Focal vs. Surgery: 0.0 (95% CI -2.0 to 1.9), p=0.973
			Adjusted change in Perceptual Reasoning Index per year (beta coefficients, 95% CI) ††: - PBT CSI vs. PBT Focal: -3.3 (95% CI -5.6 to

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			-1.1), p=0.005 - PBT CSI vs. Surgery: -2.6 (95% CI -4.7 to -0.5), p=0.019 - PBT Focal vs. Surgery: 0.7 (95% CI -1.2 to 2.7), p=0.450

CI = confidence interval; CFFS = Cystic Failure Free Survival; CRT = Conformal radiotherapy; CSI = Cranial spinal irradiation; HR = hazard ratio; IMRT = Intensity modulated radiation therapy; IMRT = Intensity Modulated Radiation therapy; MRI = Magnetic resonance imaging; NFFS = nodular failure-free survival; OR = odds ratio; ROB = Risk of Bias; RT = Radiation Therapy

Appendix Table N5. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>pediatric head & neck</u> (including skull-base) cancers

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Lucas	Diagnosis:	N=8	PBT:	Median	Primary Outcomes	Toxicity Grading Criteria:
(2015)	Pediatric Head and Neck	Median Age: 10 years	Passively scattered PBT	F/U	OS (95% CI)	CTCAE v.4.0
	(Esthesioneuroblastoma)	(range 4–21)		(range):	• 5-year: 87.5% (NR)	
RoB: High		Male: 25%	Median total PBT	55.2 (9.6 to		Acute Toxicity, % (n/N)
	Indication:		Dose (Range) : 59.4 Gy	112.8)	LC (95% CI): 100% (NR)	All Acute Toxic Effects
Retrospective Case	Curative Intent	Primary Tumor Sites:	(RBE) (range, 54–70.2)	months		- Grade 1: 5 events
Series		Sinonasal cavity, 100% (8/8)			Mortality, % (n/N)	- Grade 2: 18 events

^{*}Eaton 2016a/2016b: Endocrine outcomes data from Eaton 2016b; Ten patients were ineligible due to early recurrent disease or death within 3 years of diagnosis and one patient was ineligible due to lack of available endocrine follow-up data, leaving 77 patients who met eligibility criteria for inclusion in the late endocrine effects analysis

[†]Eaton2016a/2016b: The following variables were removed from the model: Age at Diagnosis, Location of RT boost, Histology, Residual disease after surgery, days from surgery to RT, RT treatment length, Date of Diagnosis, and RT CSI dose (for RFS only).

[‡]Gunther 2015: Symptoms included ataxia, hemiplegia, cranial nerve palsy, right-side paralysis, respiratory compromise, facial weakness, and dystharia.

[§]Kahlley 2016: Photon RT included, three-dimensional conformal (8.3%), IMRT (45.0%), and three-dimensional conformal plus IMRT tumor bed (TB)/margin boost (46.7%).

^{**}Meaningful statistical comparison was not possible due to the low number of patients in the proton group who had reached 5 years post XRT at the time of analysis.

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Risk Classification: Kadish B: 37.5% (3/8) C: 12.5% (1/8) D: 50% (4/8) Hymans grade 1: 12.5% (1/8) 2: 12.5% (1/8) 3: 62.5% (5/8) 3/4: 12.5% (1/8)	Additional Treatments in conjunction with PBT: Surgery: 75% (6/8) Chemotherapy: 75% (6/8)	F/U		- Grade 3: 5 events Odynophagia - Grade 2: 37.5% (3/8) Radiation Dermatitis - Grade 1: 37.5% (3/8) - Grade 2: 62.5% (5/8) Mucositis - Grade 2: 25% (2/8) - Grade 3: 25% (2/8) Dysguesia - Grade 2: 25% (2/8) Soft-tissue necrosis - Grade 2: 12.5% (1/8) Esophageal Infection - Grade 2: 12.5% (1/8) Rhinitis/Sinusitis
						- Grade 2: 25% (2/8) - Grade 3: 12.5% (1/8) • Febrile Neutropenia - Grade 3: 12.5% (1/8) • Nausea - Grade 1: 12.5% (1/8) - Grade 3: 12.5% (1/8)Grade 2: 12.5% (1/8) • Emesis - Grade 1: 12.5% (1/8) • Weight Loss - Grade 2: 12.5% (1/8)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 3: 12.5% (1/8)
						Late Toxicity, % (n/N) All Late Toxic Effects - Grade 1: 3 events - Grade 3: 2 events Epistaxis - Grade 1: 25% (2/8) Retinopathy - Grade 2: 25% (2/8) Grade 3: 12.5% (1/8) Optic Neuropathy - Grade 3: 12.5% (1/8) Endocrine abnormalities - Grade 2: 12.5% (1/8) Hearing Loss (Bilateral) - Grade 2: 12.5% (1/8) Xerostomia - Grade 1: 12.5% (1/8) Grade 2: 12.5% (1/8)
						acquiring a secondary malignancy: 0%
Rassi (2018)	Diagnosis: Pediatric Skull-base (Skull-base chordoma)	N=18 Mean Age: 10.7 years (range, 0.8-22)	PBT: proton + photon RT, n=8	Median F/U (range):	Primary Outcomes OS ± SE (n=18) • 5-year: 64% ± 12%	NR
RoB: High Retrospective Case Series	Indication: Curative Intent (Initial Treatment): 72.2% (13/18)	Male: 38.9% Clival Tumor Sites: Upper, 22.6% (7/31);	PBT, n=8; Unknown, n=2	122 (8 to 263) months	 10-year: 57% ± 12% 20-year: 57% ± 12% PFS ± SE (n=18)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
USA COI: None Funding: None Does subpopulation analysis for male vs. female, young vs. old, etc	Treatment for a recurrence: 27.8% (5/18)	Middle, 25.8% (8/31); Lower, 51.6% (16/31) Risk Classification: NR	PBT + photon Dose Range: 75.6-79.8 Cobalt Grey Equivalent PBT alone Dose Range: NR Additional Treatments in conjunction with PBT: Tumor resection, 100% (18/18); Chemotherapy, 11.1%		 5-year: 57% ± 12% 10-year: 57% ± 12% 20-year: 57% ± 12% Secondary Outcomes NR	
Vogel (2018) RoB: High Prospective Case Series USA COI: None Funding: NR	Diagnosis: Head and Neck (Rhabdomyosarcoma, 20.7% (35/69); Ewing sarcoma, 14.5% (10/69); Other, 34.8% (24/69) Indication: Curative Intent	N=69 Rhabdomyosarcoma (n=35) Median Age: 6 years (range, 1–22) Male: 63% Ewing sarcoma (n=10) Median age: 13 years (range, 2–23) Male: 60%: Other (n=24)	(2/18) PBT: Rhabdomyosarcoma Double scatter PBT (51%); PBS PBT (37%); Mixed proton and IMRT (11%) Ewing sarcoma Double scatter PBT (20%); PBS PBT (60%); Mixed proton and IMRT (20%)	Median F/U (range): 13.9 (1.71 to 58.3) months	Primary Outcomes OS (95% CI) All patients • 1-year: 93% (79% to 98%) • 3-year: 90% (74% 96%) Rhabdomyosarcoma • 1-year: 96% (73% to 99%) Ewing Sarcoma • 1-year: 83% (27% to 98%)	Toxicity Grading Criteria: CTCAE v.4.0 Acute Toxicity, % (n/N) • Anorexia - Grade 1: 17% (12/69) - Grade 2: 12% (8/69) - Grade 3: 22% (15/69) • Dehydration - Grade 1: 1% (1/69) - Grade 2: 6% (4/69) - Grade 3: 1% (1/69)
		Median Age: 14 years (range, 1–21) Male: 60%	Other Tumors Double scatter PBT (12%); PBS PBT (46%); Mixed proton and IMRT (42%)		Freedom from Local Recurrence (95% CI) All patients • 1-year: 92% (80% to 97%) • 3-year: 85% (68% 93%)	 Drymouth Grade 1: 32% (22/69) Grade 2: 3% (2/69) Grade 3: 3% (2/69) Dysgeusia Grade 1: 20% (14/69)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
			PBT Dose Range: Rhabdomyosarcoma 36.0 to 59.4 Gy (RBE) in 1.8 Gy (RBE) fractions Ewing sarcoma 55.8 Gy to 65.6 Gy (RBE) in 1.8 Gy (RBE) fractions Other tumor histologies 36.0 Gy (RBE) to 81.0 (RBE) in 1.8–2.0 Gy (RBE) fractions Additional Treatments in conjunction with PBT: Rhabdomyosarcoma Biopsy, (32/35); Chemotherapy, 100% (35/35) Ewing sarcoma Biopsy, 80% (8/10); Chemotherapy, 100% (10/10) Other tumor histologies Biopsy, 29% (7/24)		Rhabdomyosarcoma • 1-year: 84% (58% to 95%) Ewing Sarcoma • 1-year: 86% (33% to 98%) Freedom from Regional Recurrence (95% CI) All patients • 1-year: 94% (83% to 98%) • 3-year: 86% (67% 94%) Rhabdomyosarcoma • 1-year: 85% (61% to 95%) Ewing Sarcoma • 1-year: 100% (100%) Freedom from Distant Recurrence (95% CI) All patients • 1-year: 86% (70% to 93%) • 3-year: 78% (54% 90%) Rhabdomyosarcoma • 1-year: 95% (69% to 99%) Ewing Sarcoma • 1-year: 86% (33% to 98%)	- Grade 2: 10% (7/69) • Dysphagia - Grade 1: 19% (13/69) - Grade 2: 13% (9/69) - Grade 3: 7% (5/69) • Fatigue - Grade 1: 41% (28/69) - Grade 2: 22% (15/69) • Headache - Grade 1: 6% (4/69) - Grade 2: 1% (1/69) • Mucosal infection - Grade 1: 3% (2/69) - Grade 2: 1% (1/69) • Nausea - Grade 1: 13% (9/69) - Grade 2: 3% (2/69) - Grade 3: 1% (1/69) • Neck edema - Grade 1: 9% (6/69) - Grade 2: 1% (1/69) • Oral mucositis - Grade 1: 14% (10/69) - Grade 2: 20% (14/69) - Grade 3: 4% (3/69) • Radiation dermatitis - Grade 1: 61% (42/69)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
			Chemotherapy, 50%		Secondary Outcomes	- Grade 2: 26% (18/69)
			(12/24)		NR	- Grade 3: 1% (1/69)
						• Salivary inflammation - Grade 1: 20% (14/69)
						- Grade 2: 4% (3/69)
						• Taste change - Grade 1: 1% (1/69)
						- Grade 2: 4% (3/69)
						Proportion of patients requiring new placement of a feeding tube: 13% (9/69)
						Proportion of patients initiating or increasing opiate use during radiation therapy: 29% (20/69)
						Proportion of patients hospitalized for dehydration and pain control: 1.5% (1/69)

OS = Overall survival; LC = Local Control; RoB = Risk of Bias; COI = Conflict of Interest; NR = Not reported; F/U = Follow-up; RT = Radiation Therapy; SE = Standard error; PFS = Progression Free Survival; Gy = Gray; RBE = Relative Biological Effectiveness; PBT = Proton Beam Therapy

Appendix Table N6. Study characteristics and patient demographics: <u>comparative studies</u> of proton beam therapy in <u>pediatric head & neck (including skull-base) cancers</u>

Study Design N Country	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Retrospective Cohort Study Moderately High USA	 PBT (n=13): Median total dose (Gy): 60 Passive scatter PBT, n=8; Intensity- modulated PBT, n=5 Photon/electron- based RT (n=11): Median total dose (Gy): 60 Electron beam therapy, n=8; IMRT, n=3 Surgeries included submandibular gland resection (n=4), superficial parotidectomy (n=7), and total parotidectomy (n=13); neck dissection (n=16), and 7of those patients were found to have nodal metastases	Inclusion: Age ≤18 years of age who had received adjuvant RT for primary salivary gland tumors between 1996 and 2014 Exclusion: NR	PBT vs. Photon/electron-based RT Median Age (range): 13 years (6-18) vs. 15 years (7-18) Male: 46% vs. 45% Tumor site Parotid: 85% vs. 82% Submandibular: 15% vs. 18% Histology Mucoepidermoid carcinoma: 54% vs. 45% Adenoid cystic carcinoma: 23% vs. 18% Adenocarcinoma: 15% vs. 0% Acinic cell carcinoma: 0% vs. 18% Pleomorphic adenoma: 8% vs. 0% Myoepithelioma: 0% vs. 9% Undifferentiated carcinoma: 0% vs. 9% Undifferentiated carcinoma: 54% vs. 45% High: 15% vs. 27% Unknown: 31% vs. 27% Chemotherapy: 7.9% vs. 9.1%	PBT vs. Photon/electro n-based RT F/U (median [range]): 8 months (range, 2-48) vs. 92 months (range, 2-218); p<0.05 % F/U: 100%	Acute Toxicity	Funding: NR

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		The primary indications for RT were close (<1 mm) or positive surgical margins (n=21), extraglandular extension (n=2), or tumor spillage (n=1)					

F/U = Follow-up; Gy = Gray; mm = millimeter; NR = Not reported; PBT = Proton Beam Therapy; RoB = Risk of Bias; RT = Radiation Therapy

Appendix Table N7. Detailed data abstraction: comparative studies of proton beam therapy in pediatric head & neck (including skull-base) cancers

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Grant 2015	At median follow-up no disease recurrence	NR	PBT vs. Photon/electron-based RT
PBT (n=13) vs. Photon/electron-based RT	or deaths were observed in either group.	ere observed in either group.	Toxicity Grading Criteria: CTCAE v4
(n=11)			Acute Toxicity (Grade 2 and 3), % (n/N)
Retrospective Cohort Study			• Dermatitis: 54% (7/13) vs. 55% (6/11); p=1.00
Moderately High			• Dysphagia: 0% (0/13) vs. 27% (3/11); p=0.08
USA			 Otitis externa: 8% (1/13) vs. 18% (2/11); p=0.58 Mucositis: 46% (6/13) vs. 91% (10/11);p<0.05

CTCAE = Common Terminology Criteria for Adverse Events; NR = Not reported; PBT = Proton Beam Therapy; RoB = Risk of Bias; RT = Radiation Therapy

Appendix Table N8. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in pediatric lymphomas

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Wray (2016)	Diagnosis: Pediatric Lymphoma	N=22 Age: 6–8 years, n=3;	PBT: 77% (17/22) patients	Median F/U	Primary Outcomes OS (95% CI)	Toxicity Grading Criteria: CTCAE v.4.0
RoB: High	(Hodgkin Lymphoma) Indication: Curative Intent	12–15 years, n=5; 16–18 years, n=14 Male: 50%	were treated with involved-site radiation therapy	(range): 36 (10 to 79) months	2-year: 94% (NR)3-year: 94% (NR)	No PBT-related grade 3 or higher acute or late
Retrospective Case Series	mucation. Curative intent	Tumor Characteristics:	41% (9/22) treated	79) IIIOIILIIS	PFS (95% CI)	complications were observed.
USA		Bulky disease: 76% (16/22)	with a sequential proton boost		2-year: 86% (NR)3-year: 86% (NR)	Acute Toxicity, % (n/N)
COI: None		Relapsed disease: 18% (4/22)	Median total PBT		Proportion of patients experiencing	• All patients - Grade 2: 22.7% (5/22)
Funding: NR		Primary Tumor Sites:	Dose (Range): 21 Gy (RBE) (15-36 Gy (RBE))		recurrence: 13.6%	• Esophagitis - Grade 2: 9.1% (2/22)
		Cervical/supraclavicul ar: 100 (22/22) Infraclavicular: 45%	Additional Treatments		[All 3 patients that relapsed had high risk	• Nausea/vomiting - <i>Grade 2:</i> 4.5% (2/22)
		(10/22) Mediastinum: 91%	in conjunction with PBT: Chemotherapy, 100%		disease] Secondary Outcomes	• Fatigue - Grade 2: 9.1% (1/22)
		(20/22) Lung hilum: 59%	(22/22)		NR	Late Toxicity, % (n/N) • Chronic
		(13/22) Para-aortic: 41%				hypothyroidism - <i>Grade 2:</i> 9.1% (2/22)
		(9/22) Mesenteric: 9% (2/22) Splenic: 41% (9/22)				Secondary Malignancy: 0%
		Pelvic/inguinal: 9% (2/22) Extranodal: 27%				Cardiac Complications: 0%
		(6/22)				
		Risk Classification: Intermediate risk: 29% (7/22)				

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		High risk: 50% (11/22)				
Hoppe 2018						
[See Data						
Abstraction for Adult Lymphoma						
Studies]						

CI = Confidence Interval; COI = Conflict of Interest; CTCAE = Common Terminology Criteria for Adverse Events; NR = Not reported; OS = Overall Survival; PBT = Proton Beam Therapy; PFS = Progression Free Survival

Appendix Table N9. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in pediatric ocular cancers

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Mouw 2014	Diagnosis:	N=49 patients, 60 eyes	PBT: NR	Median	Primary Outcomes	Proportion of tumors
	Pediatric Retinoblastoma	Median Age (range): 6		F/U	Mortality, % (n/N)	requiring enucleation: 18%
Retrospective Case		months (6 days to 30	Median PBT Dose	(range): 96	• Disease Related:	(11/60)
Series	Indication: Curative Intent	months)	(range): 44 Gy (RBE)	(12 to 288)	0%	
		Male: 47%	(range, 40 to 46.8	months		Proportion of eyes and
RoB: High					Proportion of	patients developing ocular
		Eyes Involved:	Additional Treatments		patients developing	complication requiring
USA		Unilateral: 16% (8/49)	in conjunction with		metastases: 0%	procedural correction: 20%
		Bilateral: 84% (41/49)	PBT:			(12/60 eyes); 22% (11/49
Funding: NR		, , ,	Chemotherapy: 51%		Proportion of	patients)
J			(25/49) [n=22 prior to		patients with in	Cataracts: 4/12 eyes
COI: H Shih is a			PBT]		field recurrence: 0%	Radiation retinopathy: 3/12
senior editor of the			Laser			yes
IJROBP.			photocoagulation			Glaucoma: 1/12 eyes
						. ,

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
			and/or cryotherapy: 72% (43/60 eyes)		Secondary Outcomes Visual Acuity, % (n/N) (n=30 eyes evaluated) 20/40 or better (Good): 47% (14/30) 20/40 to 20/600 (Moderate): 23% (7/30) Worse than 20/600 (Poor): 30% (9/30)	Neovascularization: 1/12 eyes Other complications: 2/12 eyes Multiple complications: 1/12 eyes Cosmetic complications likely associated with PBT, % (n/N) Hypoplasia: 30.6% (15/49) Hyperpigmentation: 6.1% (3/49) Soft tissue fibrosis over the treatment portal: 2% (1/49)
Petrovic 2016	Diagnosis:	N=43	PBT: NR	Median	Primary Outcomes	Presence of Lens Opacities:
	Pediatric Uveal Melanoma	Median Age (range):		F/U	Relative Survival	39% (15/38) [excluding the 5
Retrospective Case		17.3 years (9 to 21)	Median PBT Dose	(range):	Rate (95% CI)	patients that received
Series	Indication: Curative intent (1 patient had metastatic	Male: 47%	(range): 60 Gy (RBE)	155 (6 to 281)	• 5-year: 93% (84% to 100%)	enucleation]
RoB: High	disease)	Tumor Characteristics Mean Largest Tumor	Additional Treatments in conjunction with	months	• 10-year: 93% (85% to 100%)	Proportion of Pseudophakic patients: 16% (6/38)
Switzerland		Diameter (SD): 17 mm (4.3)	PBT: None		• 15-years: 85% (72% to 99%)	Proportion of patients with
Funding: NR		Extrascleral extension: 12% (5/43)			Proportion of	retinal detachment: 21% (8/38)
COI: None		(-)			patients	\ -,,
		Primary Tumor			experiencing liver	Vitreous or subretinal
		Location:			metastases: 14%	hemorrhage: 2.6% (1/38)
Subpopulation		Iris: 21% (9/43)			(6/43)	
analysis based on		Ciliary Body: 16%				Enucleation: 12% (5/43)*
young vs. old		(7/43)			Rates of Metastasis	
		Anterior choroid: 21%			(95% CI)	
		(9/43)			• 5-year: 8% (0% to 16%)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Posterior choroid: 42% (18/43) Comorbidities: Loss of vision: 67% (29/43) Metamorphopsia: 14%			 10-year: 11% (0% to 20%) 15-years: 19% (3% to 32%) Proportion of patients achieving local tumor control: 	
		(6/43) Flashes of light: 9% (4/43) Floaters: 1/43 (2%)			97.7% (42/43) 5-, 10-, and 15-year Kaplan-Meier eye retention rates: 90% (80% to 100%) Secondary	
					Outcomes Mean BCVA (SD) [range] Baseline: 0.5 (±0.4) [0-1.25] 6-months: 0.4	
					(±0.4) [0-1.5] ■ Last follow-up: 0.2 (±0.4) [0-1] (18% (7/38) had no light perception	

BCVA = Best Corrected Visual Acuity; CI = Confidence Interval; COI = Conflict of Interest; F/U = Follow-up; PBT = Proton Beam Therapy; RoB = Risk of Bias; SD = Standard Deviation
*Due to presumed local recurrence (n=1), complications neovascular glaucoma (n=2), phthisis bulbi (n=1) and a painful pseudophakic bullous keratopathy in an otherwise non-functional eye (n=1)

Appendix Table N10. Study characteristics and patient demographics: comparative studies of proton beam therapy in pediatric ocular cancers

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Agarwal 2016	39 (70	PBT (n = 16 eyes):	Inclusion: patients with	Overall	Overall	OS and EFS	Funding NR
	total	passive scatter	Retinoblastoma treated				
Retrospective	effecte	technique with	with radiation at a single	Median age (range): 0.95	F/U (median	Enucleation	The authors
cohort study	d eyes;	either an	institution between April	(0.02 to 8.9) years	[range]): 96 (1		have no COIs to
A 4 a d a wast a lo	47	appositional field	1990 and December 2012.	PBT vs. photon vs.	to 288) months	Locoregional failure	disclose
Moderately High	eyes treate	or a combination of left and right	Exclusion: NR	brachytherapy: 1.9 (0.9 to 4.3) years vs. 1.4 (0.25 to	PBT vs. photon vs.	Harms	
riigii	d with	anterior oblique	Exclusion. NR	10.4) years vs. 1.8 (0.83 to	brachytherapy:	riaillis	
USA	RT)	beams and a		4.9) years	36 vs. 120 vs.		
03/1	,	vertex beam;		Male: 49%	60 months		
		Median total dose					
		(Gy [RBE]): 36		Race	% F/U: 97.4%		
		(range, 36-45)		Caucasian: 51%;	(38/39)		
				Hispanic: 44%			
		Photon or electron		International Classification			
		therapy (n= 27		System stage			
		eyes):		B: 17%			
		Median total dose		C: 8.5%			
		(Gy [RBE]): 45		D: 42.6%			
		(range, 36-46)		E: 14.9%			
				Extraocular: 10.6%			
		Brachytherapy (n =		Unknown: 6.4%			
		4 eyes): Median total dose (Gy		Type of disease Unilateral: 21% (n=8)			
		[RBE]): 45 (range,		Bilateral: 77% (n=30)			
		36-46)		Trilateral: 3% (n=1)			
		33 .01		Any chemotherapy: 72%			
		Treatment setting/		(n=28) (46% [n=13] multiple			
		Indication:		regiments)			
		First-line: 29.8%					
		Second-line: 8.5%					

Study Design RoB Country	N	Interventions Treatment Protocol	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Postoperative:					
		8.5%					
		Salvage: 53.2%					
		All patients					
		underwent 2- or					
		3D CT planning					
		Radiation					
		delivered with					
		anesthesia					

COI = Conflict of Interest; CT = Computerized Tomography; EFS = Event Free Survival; EFS = Event Free Survival; F/U = Follow-up; Gy = Gray; NR = Not reported; OS = Overall Survival; PBT = Proton beam therapy; RBE = Relative Biological Effectiveness; ROB = Risk of Bias; RT = Radiation Therapy

Appendix Table N11. Detailed data abstraction: comparative studies of proton beam therapy in pediatric ocular cancers

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Agarwal 2016	PBT vs. Photon vs. Brachytherapy	NR	PBT vs. Photon (brachytherapy NR)
N=39 (70 total effected eyes; 47 of which were treated with RT) PBT (n = 16 eyes) vs. Photon or electron therapy (n = 27 eyes) vs. Brachytherapy (n = 4 eyes) Retrospective cohort study Moderately High USA	OS (95% CI): Overall 97% (38/39) at final f/u (the 1 death from disease progression was in photon group; number of patients per group NR) EFS (95% CI): In patients with stage D and E disease: 38.5% (5/13) vs. 54.5% (6/11) vs. NR; p=0.621 (NOTE: f/u times significantly different, median 3 vs. 10 years) Locoregional failure: 56.3% vs. 59.3% vs. NR, P=1.0		Enucleation: 37.5% (6/16 eyes) vs. 29.6% (8/27 eyes) vs. 25% (1/4 eyes), p=NR Acute toxicities: Any (≥1 event): 93.8% vs. 74.1%; p=0.22 • Erythema of skin: n=33 • Hyperpigmentation: n=8 • Erythema of the conjunctiva: n=5 • Loss of eyelashes: n=4 Late/Long-term toxicities: Any (≥1 event): 62.5% (10/16 eyes) vs. 55.6% (15/27 eyes); p=0.275 • Cataracts: 31.9% (15/47 eyes) • PBT only: 31.3% (5/16 eyes) • Vitreous hemorrhage: 14.9% (7/47 eyes) • PBT only: 18.8% (3/16 eyes) • Radiation retinopathy: 10.6% (5/47 eyes)
			 PBT only: 12.5% (2/16 eyes) Isolated changes in visual acuity: 8.5% (4/47 eyes)
			 PBT only: 0% (0/16 eyes) Strabismus: 6.4% (3/47 eyes) PBT only: 6.3% (1/16 eyes) Several less common toxicities (n=NR)

CI = Confidence Interval; COI = Conflict of Interest; EFS = Event Free Survival; EFS = Event Free Survival; F/U = Follow-up; NR = Not reported; OS = Overall Survival; PBT = Proton beam therapy; RoB = Risk of Bias; RT = Radiation Therapy

Appendix Table N12. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>pediatric soft tissue sarcomas</u>

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Ladra	Diagnosis:	N=57	PBT: NR	Median	Primary Outcomes	Toxicity Grading Criteria:
(2014)	Pediatric Rhabdomyosarcoma	Median Age: 3.5 years		F/U	OS (95% CI)	CTCAE v.3.0
		(range, 0.6-19.5)	Median total PBT	(range):	• 5-year: 78% (NR)	
RoB: High	Indication:	Male: 47%	Dose (Range): 50.4 Gy	47 (14 to		Acute Toxicity, % (n/N)
	Curative Intent		(RBE) (range, 36.0-	102)	EFS (95% CI)	All patients (n=57)
Prospective Case		Tumor Characteristics:	50.4)	months	• 5-year: 69% (NR)	Fatigue
Series		Embryonal/botryoid,				- Grade 2: 5% (3/57)
		72% (41/57);	Additional Treatments		LC (95% CI)	 Radiation Dermatitis
USA		Alveolar/undifferentia	in conjunction with		• 5-year: 81% (NR)	- Grade 2: 31.6% (18/57)
		ted, 28% (16/57)	PBT:			- Grade 3: 9% (5/57)
COI:			Chemotherapy, 100%		Mortality, % (n/N)	Orbital (n=13 patients
Consultant or		Primary Tumor Sites:	(57/57);		Disease-related:	receiving PBT in this
Advisory		Favorable: 33%	Surgical resection		19.3% (11/57)	location)
Role: Nancy J.		(19/57)	when clinically			 Radiation dermatitis
Tarbell, ProCure		Orbital: n=13	indicated;		Proportion of patients	- Grade 2: 38.5% (5/13)
(Uncompensated)		Head & Neck: n=4	Anesthesia when		experiencing	- Grade 3: 7.7% (1/13)
Stock Ownership:		Perineal: n=1	necessary		recurrence: 27.1%	Dry eye
Nancy J.		Biliary: n=1			(16/59)	- Grade 2: 15.4% (2/13)
Tarbell, ProCure		Unfavorable: 67%			- isolated local	- Grade 3: 7.7% (1/13)
		(38/57)			treatment failures:	Head and neck (n=31
Funding:		Parameningeal:			50% (8/16)	patients receiving PBT in
Supported by		n=27			- concurrent local and	this location)
Children's		Bladder/prostate:			distant disease: 6.3%	 Odynophagia
Oncology Group		n=5			(1/16)	- Grade 2: 12.9% (4/31)
Chair Grant No.		Extremities: n=3			- regional failures:	- Grade 3: 9.7% (3/31)
U10CA98543		Chest/abdomen:			18.8% (3/16)	 Radiation dermatitis
and other		n=2			- distant metastases	- Grade 2: 32.3% (10/31)
philantrhopic		Perianal: n=1			only: 18.8% (3/16)	- Grade 3: 6.5% (2/31)
sources					- local, regional, and	Mucositis
(cog-		Risk Classification:			distant failure: 6.3%	- Grade 2: 62.3% (19/31)
foundation.org).		Stage 1: 32% (18/59)			(1/16)	- Grade 3: 3.3% (1/31)
The Children's		Stage 2: 25% (14/59)				Dry eye
		Stage 3: 40% (23/59)				. ,

Author (year),	Diagnosis	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect	Safety
Study Site	Indication	Population	PBT specifications	F/U	Outcomes	Salety
Oncology Group is primarily funded by the National Cancer Institute and also receives additional funding from other granting agencies. Does sub-population analysis for EFS, OS, and LC by site location, low vs. high risk, etc		Stage 4: 3% (2/59)			Secondary Outcomes NR	- Grade 2: 6.5% (2/31) - Grade 3: 3.3% (1/31) • Otitis - Grade 3: 3.3% (1/31) - Grade 3: 3.3% (1/31) Gl/genitourinary (n=8 patients receiving PBT in this location) • Elevated liver function tests - Grade 3: 12.5% (1/8) • Radiation dermatitis - Grade 2: 25% (2/8) • Diarrhea - Grade 2: 25% (2/8) • Bladder spasm - Grade 2: 12.5% (1/8) • Painful bowel movement - Grade 2: 12.5% (1/8) Trunk/extremity (n=5) • Radiation dermatitis - Grade 1: 20% (1/5) - Grade 2: 40% (2/5) Late Toxic Effects, % (n/N) Orbital (n=12) • Cataract - Grade 3: 8.3% (1/12) • Dry eye - Grade 2: 16.7% (2/12) • Facial hypoplasia/asymmetry - Grade 2: 8.3% (1/12) • Epistaxis

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 2: 8.3% (1/12)
						Dry skin
						- Grade 2: 8.3% (1/12)
						Head and Neck (n=21)
						Chronic otitis
						- Grade 2: 4.8% (1/21)
						- Grade 3: 4.8% (1/21)
						 Retinopathy
						- Grade 3: 4.8% (1/21)
						Endocrine
						abnormalities
						- Grade 2: 14.3% (3/21)
						Cerumen buildup
						- Grade 2: 14.3% (3/21)
						Facial
						hypoplasia/asymmetry
						- Grade 2: 9.5% (2/21)
						Hearing loss
						(unilateral)
						- Grade 2: 9.5% (2/21)
						Cavernoma
						- Grade 2: 4.8% (1/21)
						Cognitive disturbance
						- Grade 2: 4.8% (1/21)
						Dry eye
						- Grade 2: 4.8% (1/21)
						Trunk/Extremity
						Skeletal or muscle
						defect
						- Grade 2: 4.8% (1/21)
Ladra	Diagnosis:	N=24	PBT: Passively	Median	Primary Outcomes	NR
(2015)	Pediatric Soft tissue sarcoma	Median Age: 5.2 years	scattered PBT	F/U	OS (95% CI):	
	(Parameningeal	(range, 2-18)		(range):	• 3-year: 64% (40% to	
RoB: High	Rhabdomyosarcoma)	Male: %	Median total PBT	49.2 (NR)	80%)	
			Dose (Range):	months		

Author (year),	Diagnosis	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect	Safety
Study Site	Indication	Population	PB1 specifications	F/U	Outcomes	Salety
Retrospective Case	Indication: Curative Intent	Tumor Characteristics:	50.4 Gy RBE (50.4-55.8		FFS (95% CI):	
Series		All patients presenting	Gy RBE)		• 3-year: 52% (30% to	
		with gross residual			70%)	
USA		disease after surgical	Additional Treatments			
		resection	in conjunction with		LC (95% CI):	
COI: N. J. Tarbell			PBT:		• 3-year: 59% (24% to	
holds stock options		Embryonal, 100%	Biopsy, 92% (22/24);		65%)	
(zero value) in the		(24/24)	Subtotal resection, 8%			
ProCure			(2/24);		Secondary Outcomes	
corporation and		Primary Tumor Sites:	Chemotherapy, 100%		NR	
has an immediate		Parapharyngeal, 21%	(24/24)			
family member on		(5/24);				
the ProCure board		Naspharynx, 21%				
of advisors. The		(5/24);				
authors report no		Masticator space, 21%				
other conflict of		(5/24);				
interest.		Paranasal/sinus, 17%				
		(4/24);				
Funding:		Infratemoral fossa,				
Supported by the		12% (3/24);				
Federal Share of		Auditory canal, 8%				
program income		(2/24)				
earned by						
Massachusetts		Risk Classification:				
General Hospital		Intermediate, 92%				
on C06 CA059267,		(22/24);				
Proton Therapy Research and		High, 8% (2/24)				
Treatment Center.						
Treatment Center.						
Provides						
subpopulation						
analysis for Local						
Failure and FFS						
based on age,						

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
tumor volume,						
etc						
Leiser	Diagnosis:	N=83	PBT: PBS	Median	Primary Outcomes	Toxicity Grading Criteria:
(2016)	Pediatric Soft Tissue Sarcoma	Median Age: 4.5 years		F/U	OS (95% CI)	Radiation Therapy
	(Rhabdomyosarcoma)	(range, 0.8–15.5)	Median total PBT	(months):	• 5-year: 80.6% (71.8%	Oncology Group toxicity
RoB: High		Male: 55%	Dose (Range): 54 Gy	44 (0.9 to	to 90%)	scale [acute]; CTCAE
	Indication:		RBE (range, 41.4–64.8)	126.3)		v.4.0 [late]
Retrospective Case	Curative Intent	Tumor Characteristics:	A d diti 1 T 4 4	months	LC (95% CI)	A
Series		Embryonal, 89% (74/83);	Additional Treatments in conjunction with		• 5-year: 78.5% (69.5%	Acute Toxicity, % (n/N) No grade 4–5 acute
Europe		(74/83); Alveolar, 11% (9/83)	PBT:		to 88.5%)	toxicities were observed
Luiope		Aiveolai, 1170 (5/65)	Chemotherapy, 100%		Mortality, % (n/N)	Mucositis Membrane
COI: None		Primary Tumor Sites:	(83/83);		• Disease-related:	- Grade 3: 12% (10/83)
		Favorable	Anesthesia, 66%		17% (14/83)	• Skin toxicity
Funding: NR		Orbital, 20%	(55/83)		1770 (11700)	- Grade 3: 2.4% (2/83)
		(17/83);			Proportion of patients	
		Head/neck non-			experiencing tumor	Late Toxicity, % (n/N)
		parameningial, 4%			recurrence or	Parameningial (n=46)
		(3/83);			progression: 19%	 Localized alopecia
		Urogenital non-			(16/83)	- Any grade: 17.4%
		bladder/prostate,			- In-field local failure:	(8/46)
		5% (4/83)			87.5% (14/16)	Growth hormone
		Unfavorable Parameningial, 55%			- Marginal local failure:	deficiency
		(46/83);			12.5% (2/16)	- Any grade: 23.9%
		Urogenital			Secondary Outcomes	(11/46) • Other
		bladder/prostate,			Median Pediatric QoL –	endocrinopathies
		7% (6/83);			parent proxy Scores	- Any grade: 13% (6/46)
		Other, 8% (7/83)			(n=34)	• Facial hypoplasia
					Self-esteem	- Any grade: 19.6%
		Risk Classification:			- Baseline: 67%	(9/46)
		Low, 24% (20/83);			(n=19)	Visual complications
		Intermediate, 63%			- 2-years: 73% (n=17)	- Any grade: 19.6%
		(52/83);			p<0.05	(9/46)
		High, 13% (11/83)			μ<υ.υσ	- Grade 3: 6.5% (3/46)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					 Emotional functioning Baseline: 64% (n=33) 2-years: 73% (n=20) Body image Baseline: 64% (n=34) 2-years: 80% (n=19) p<0.001 Cognition Baseline: 72% (n=34) 2-years: 72% (n=20) p=NS Physical functioning Baseline: 50% (n=32) 2-years: 70% (n=20) p<0.001 Social functioning peers Baseline: 72% (n=32) 2-years: 80% (n=20) p=NS Social functioning family Baseline: 67% (n=33) 2-years: 90% (n=20) 	 Hearing impairment Any grade: 15.2% (7/46) Grade 3: 4.3% (2/46) Dental growth impairment Any grade: 6.5% (3/46) Chronic nasal and sinus congestion Any grade: 4.3% (2/46) Orbital (n=17) Localized alopecia Any grade: 5.9% (1/17) Growth hormone deficiency Any grade: 17.6% (3/17) Other endocrinopathies Any grade: 11.8% (2/17) Facial hypoplasia Any grade: 29.4% (5/17) Visual complications Any grade: 29.4% (13/17) Grade 3: 58.8% (10/17) Urogenital (n=10) Hearing impairment Any grade: 10% (1/10) Urinary complications Any grade: 30% (3/10) Defecation problems Any grade: 20% (2/10) Other Location (n=10)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					p<0.01 • Subjective well-being - Baseline: 51% (n=32) - 2-years: 85% (n=20) p<0.001	Localized alopecia - Any grade: 10% (1/10) Other endocrinopathies - Any grade: 10% (1/10) S-year incidence of grade 3 late toxicity (95% CI) Non-ocular: 3.6% (1% to 12%) Ocular: 18.4% (9% to 29%) Proportion of patients
						experiencing a secondary malignancy, % (n/N) 2.4% (2/83)*
Mizumoto	Diagnosis:	N=55	PBT: NR	Median	Primary Outcomes	Acute Toxicity, % (n/N)
(2018)	Pediatric Rhabdomyosarcoma	Median Age: 5 years,		F/U	OS (95% CI)	12 events were radiation
		(range 0–19)	Median total PBT	(range):	• 1-year: 91.9% (84.3%	induced in 9 patients and
[Patients in this	Indication: Curative intent	Male: 63.6%	Dose (Range):	24.5 (1.5 to	to 99.5%)	141 events were due to
study are also			50.4 Gy RBE (range,	320.3)	• 2-year: 84.8% (75.2%	other treatment
reported on in		Tumor Characteristics:	36.0-60.0 Gy RBE)	months	to 94.3%)	modalities (or cause of
Mizumoto		Embryonal, 56.4%				toxicity could not be
2016/2017]		(31/55);	Additional Treatments		PFS (95% CI)	determined) in 48
		Alveolar, 32.7%	in conjunction with		• 1-year: 81.6%	patients
Retrospective Case		(18/55);	PBT:		(70.7%–92.5%)	Appetite loss
Series		Others, 10.9% (6/55)	Surgical resection,		• 2-year: 72.4%	- Grade 3: 3.6% (2/55)
			75% (41/55);		(59.6%–85.3%)	Dermatitis
RoB: High		Primary Irradiation	Chemotherapy, 96%			- Grade 3: 5.5% (3/55)
		Sites:	(53/55)		LC (95% CI)	
Japan		Head & neck, 67.3%			• 1-year: 95.6%	• Mucositis
		(37/55);			(89.6%–100%)	- Grade 3: 9.1% (5/55)
COI: NR						Anemia

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: Funding for the study was from institutional sources only. Provides subpopulation analysis for various risk levels		Parameningeal, 5.5% (3/55) Prostate, 14.5% (8/55) Others, 12.7% (7/55) Risk Classification: Low, 16.4% (9/55) Intermediate, 70.9% (39/55) High, 12.7% (7/55)			• 2-year: 93.0% (85.3%—100%) Proportion of patients experiencing recurrent disease: 23.6% (13/55) - local recurrence: 38.5% (5/13) - distant metastases: 61.5% (8/13) Mortality, % (n/N) • All-cause: 16.4% (9/55) • Disease-related: 14.5% (8/55) Secondary Outcomes NR	- Grade 3: 32.7% (18/55) - Grade 4: 23.6% (13/55) • Decreased white blood cell count - Grade 3: 9.1% (5/55) - Grade 4: 70.9% (39/55) • Decreased neutrophil count - Grade 3: 9.1% (5/55) - Grade 4: 63.6% (35/55) • Decreased plate count - Grade 3: 16.4% (9/55) - Grade 4: 21.8% (12/55) • Electrolyte abnormality - Grade 3: 25.5% (2/55) - Grade 4: 1.8% (1/55) • GOT/GPT increased - Grade 3: 3.6% (2/55) • Blood bilirubin increased - Grade 3 or 4: 0% (0/55) • Infection - Grade 3: 3.6% (2/55)
				1		Late Toxicity, % (n/N)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						9 grade 2 toxicities in 8 patients (14.5%) • Deformity - Grade 2: 1.8% (3/55)
						• Chronic Otis - Grade 2: 1.8% (1/55)
						• Growth hormone deficiency - <i>Grade 2</i> : 1.8% (1/55)
						• Hearing impairment - Grade 2: 1.8% (1/55)
Vern-Gross (2016) RoB: High Retrospective Case Series USA COI: D.J.I. has received a travel grant from Ion Beam Applications (IBA, Belgium, Netherlands). All other authors report no conflicts of interest. Funding: NR	Diagnosis: Pediatric Non-metastatic Rhabdomyosarcoma Indication: Curative Intent	N=66 Median Age: 4.1 years (range, 0.6 to 15.3) Male: NR	Median total PBT Dose (Range): 50.4 Gy RBE (41.4-50.4) In 1.8 Gy RBE fractions per day Additional Treatments in conjunction with PBT: Chemotherapy: 100% Anesthesia in younger patients	Median F/U (range): 18 (NR) months	Primary Outcomes OS (95% CI) 2-year: 89% (NR) LC (95% CI) 2-year: 88% (NR) Proportion of Patients Developing Progressive Disease, % (n/N): 16.7% (11/66)† - embryonal: 64% (7/11) - alveolar: 36% (4/11) [all 11 patients underwent further treatment for chemotherapy alone or combined with surgical resection or reirradiation]	Permanent Toxicity, % (n/N) [Timing NR] Cataracts: 13.6% (9/66) Hormonal Replacement Therapy: 6.1% (4/66) Unilateral Hearing Support: 1.5% (1/66)
_					Mortality, % (n/N)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Weber (2016)	Diagnosis: Pediatric Parameningeal rhabdomyosarcomas	N=39 Median Age: 5.8 years (range, 1.2-16.1) Male: 54%	PBT: PBS Median total PBT Page: E4 Cy (PBE)	Median F/U (range):	Disease related: 9.1% (6/66) Secondary Outcomes NR Primary Outcomes OS (95% CI) 5-year: 73% (69% to	Toxicity Grading Criteria: CTCAE v.4.0
RoB: High Retrospective Case Series	Indication: Curative Intent	Tumor Characteristics: Embryonal, 97	Dose: 54 Gy (RBE) Additional Treatments in conjunction with	41 (9 to 106) months	95%) PFS (95% CI) • 5-year: 72% (67%-	5-year toxicity ≥ grade 3 free survival (95% CI) 95% (94% to 96%)
Switzerland COI: NR		(38/39); Alveolar, 0% (0/39); Undifferentiated, 3% (1/39)	PBT: Chemotherapy, 100% (39/39)		94%) Proportion of patients experiencing failure:	Late Toxicity, % (n/N) • Grade 1: 20.5% (8/39) • Grade 2: 25.6% (10/39) [40 grade 1 and 2
Funding: NR		Presentation of distant metastasis at diagnosis, 13% (5/39)			25.6% (10/39) - Infield local failure: 80% (8/10) - infield local failure	events in 18 patients]‡ • Grade 3: 7.7% (3/39) [4 events]§
Provides subpopulation analysis for patients with specific tumor characteristics		Primary Tumor Sites: Intracranial extension, 74% (29/39) Risk Classification: NR			and synchronous distant lung metastasis: 10% (1/10) - meningeal metastasis only: 10% (1/10)	Other Adverse Events, % (n/N) • Decreased Growth Velocity: 0% • Growth Hormone Replacement: 13% (5/39)
					Mortality, % (n/N) • Disease-related: 23% (9/39)	Other endocrinopathies: 5% (2/39)Facial hypoplasia: 20%
					Secondary Outcomes NR	(8/39) • Visual complications: 8% (3/39) • Cataract: 13% (5/39)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						 Auditory Complications: 3% (1/39) Dentition issues/cavities: 3% (1/39) Chronic head and neck structure congestion: 13% (5/39) Secondary Malignancy, % (n/N): 0% (0/39)

CI = Confidence Interval; COI = Conflict of Interest; CTCAE = Common Terminology Criteria for Adverse Events; F/U = Follow-up; FFS = Failure Free Survival; Gy = Gray; LC = Local Control; NR = Not Reported; OS = Overall Survival; PBS = Pencil Beam Scanning; PBT = Proton Beam Therapy; PFS = Progression Free Survival; QoL = Quality of Life; RBE = Relative Biological Effectiveness; RoB = Risk of Bias

^{*}One patient experienced a radiation-induced osteosarcoma 51.6 months after PBT and another patient treated for an orbital RMS presented with an Ewing sarcoma on the contralateral side 64 months after PT. Of note, the region of the Ewing sarcoma did not receive any radiation dose.

[†]Disease progression was observed in 7 (64%) parameningeal, 2 (18%) head and neck (other), and 2 (18%) bladder/prostate subsites.

[‡]Toxicities included, Grade 1 or 2 soft tissue/bone asymmetry, Grade 1 dermatitis with patchy alopecia or hyperpigmentation, Grade 1 cataract, Grade 1 dental cavities, Grade 1 serous otitis, sinusitis or mastoiditis, Grade 1 dry eye, Grade 1 cognitive disturbance, Grade 2 failure of permanent tooth eruption, and Grade 2 endocrinopathies requiring hormonal replacement §Grade 3 toxicities included 3 unilateral cataracts and 1 unilateral hearing impairment.

Appendix Table N13. Study characteristics, patient demographics and detailed data abstraction: <u>case series</u> of proton beam therapy in <u>mixed pediatric</u> <u>cancers</u>

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Mizumoto (2016) Mizumoto (2017) RoB: High Retrospective Case Series Japan Funding: This work was partially supported by Grants-in-Aid for Scientific Research (B) (15H04901) and Young Scientists (B) (25861064) from the Ministry of Education, Culture, Sports, Science and Technology of Japan. Japan Agency for Medical Research and Development, (Grant/Award Number:	Diagnosis: Pediatric Mixed, General, Various (Brain tumor, 23%; Rhabdomyosarcoma, 9.1%; Neuroblastoma, 13.4%; Ewing sarcoma, 8.7%; Head and neck carcinoma, 7.9%; Chordoma, 4.1%; Brain stem tumor, 5%; AVM, 2.3%; Others, 14.9%) Indication: Curative Intent (initial treatment), 75% (257/343); PBT for recurrent treatment (salvage), 25% (86/343)	2016: (primary cohort) N=343, 2017: (evaluation of late toxicities) n=62 with ≥5-years follow-up 2016 (primary cohort) Median Age: 7 years (range, 0-19) Male: 55.4% Primary Tumor Sites: Central nervous system: 36.7% Head and neck: 30.6% Abdomen: 10% Chest: 13.1% Pelvis: 7% Extremities: 0.05% Others: 1.7% Risk Classification: NR	PBT: Combination with photon radiotherapy, 7% (24/343) Median total PBT Dose (Range): 50.4 Gy (10.8–100 Gy) Additional Treatments in conjunction with PBT: Surgery Preirradiation, 71.7% (216/343) Postirradiation, 2% (7/343) Chemotherapy Pre PBT, 36.2% (124/343); Pre + concurrent, 33.8% (116/343); Concurrent, 9% (31/343)	Median F/U (range): 22.6 (0.4 to 374.3) months	Primary Outcomes Overall Survival (95% CI) • All Patients (n=343) -1 year: 82.7% (78.5%-87%) -3-year: 67.4% (61.7%-73.2%) -5-year: 61.4% (54.8%-67.9%) • Brain Tumor (n=79) -1-year: 91.4% (NR) -3-year: 81.7% (NR) • Neuroblastoma (n=46) -1-year: 57.6% (NR) -3-year: 57.6% (NR) -5-year: 57.6% (NR) • Rhabdomyosarcoma (n=71) -1-year: 84.5% (NR) -3-year: 74.3% (NR) -5-year: 66.5% (NR) • Ewing Sarcoma (n=30) -1-year: 88.6% (NR) -3-year: 73.1% (NR) -5-year: 56.8% (NR)	Toxicity Grading Criteria: CTCAE v.3.0 Toxic Effects (Acute/Late NR), % (n/N) [From 2016 report] • Bone Deformity • Grade 2: 2.3% (8/343) • Grade 3: 0.6% (2/343) • Growth Hormone Deficiency • Grade 2: 2% (7/343) • Grade 3: 0.3% (1/343) • Thyroid Dysfunction • Grade 2: 2% (7/343) • Visual impairment • Grade 4: 0.6% (2/343) [both with loss of vision] • Hearing impairment • Grade 2: 0.9% (3/343) • Grade 3: 0.3% (1/343)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
'15ck0106186 h0001') COI: Dr. Hiroki Shirato received donations from Hitachi Ltd., Shimadzu Corp., and Jokoh. All other authors had no financial support or relationship to this manuscript. Provides subpopulation analysis for young vs. old, recurrent vs. newetc.					• New Diagnosis (n=257) - 1-year: 86.8% (82.4%- 91.2%) - 3-year: 73.7% (67.4%- 80%) - 5-year: 69.7% (62.8%- 76.5%) • Recurrent Case (n=86) - 1-year: 70.7% (60.6%- 80.8%) - 3-year: 50.1% (38.1%- 62%) - 5-year: 35.9% (20.5%- 51.4%) Secondary Outcomes NR	 Brain necrosis/cerebral vascular disease Grade 2: 0.6% (2/343) Grade 3: 0.6% (2/343) Grade 4: 0.3% (1/343) Gastric/duodenum ulcer Grade 3: 0.3% (1/343) Pneumonitis Grade 3: 0.3% (1/343) Dysphagia Grade 3: 0.3% (1/343) Myelitis Grade 4: 0.3% (1/343) Tissue necrosis Grade 4: 0.3% (1/343) Late Toxic Effects (n=62) From 2017 report All events ≥ Grade 2: 35.5% (22/62) Angiostenosis Grade 2: 1.6% (1/62) Grade 4: 1.6% (1/62)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						• Alopecia - <i>Grade 2:</i> 1.6% (1/62)
						• Brain injury - <i>Grade 3</i> : 3.2% (2/62)
						• Deformity - <i>Grade 2:</i> 8.1% (5/62)
						- Grade 3: 1.6% (1/62)
						• Dysphagia - Grade 2: 1.6% (1/62)
						- Grade 3: 1.6% (1/62)
						• Growth hormone deficiency - Grade 2: 3.2% (2/62)
						- Grade 3: 1.6% (1/62)
						 Hearing impairment - Grade 2: 4.8% (3/62)
						- Grade 3: 1.6% (1/62)
						• Headache - <i>Grade 2:</i> 1.6% (1/62)
						• Otitis media - <i>Grade 2:</i> 1.6% (1/62)
						• Pneumonitis - <i>Grade 3:</i> 1.6% (1/62)
						Precocious pubertyGrade 2: 1.6% (1/62)
						• Seizure - Grade 2: 1.6% (1/62)
						• Thyroid dysfunction - Grade 2: 4.8% (3/62)
						Visual impairment

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
						- Grade 4: 1.6% (1/62)
						Xerostomia Xerostomia
						- Grade 2: 1.6% (1/62)
						Rates of Late Toxic
						Effects ≥ Grade 2 (95%
						CI) (n=62) • 5-year: 18% (8%–27%)
						• 10-year: 35% (22%–
						49%) • 20-year: 45% (24%–
						65%)
						Datas of Late Taxis
						Rates of Late Toxic Effects ≥ Grade 3 (95%
						<u>CI) (n=62)</u>
						5-year: 6% (0%–13%)10-year: 17% (5%–
						28%)
						• 20-year: 17% (5%–
						28%)
						Proportion of patients
						developing a secondary malignancy, % (n/N)
						2% (7/343)*
						Cumulative Incidences
						of Secondary Tumors
						(95% CI) [†]
						10-year: 8% (0%–18%)20-year: 16% (0%–
						33%)

CI = Confidence Interval; COI = Conflict of Interest; CTCAE = Common Terminology Criteria for Adverse Events; F/U = follow-up; Gy = Gray; NR = Not Reported; PBT = Proton Beam Therapy; RoB = Risk of Bias

*Two patients with solid malignancies (osteosarcoma and thyroid cancer), four with blood malignancies, and one with benign pituitary adenoma. In-field tumor development only occurred in the patient with pituitary adenoma.

†The calculation of cumulative incidences of secondary tumors only includes 4 of the 7 patients mentioned under the proportion of patients developing a secondary tumor. It is unclear why there is discrepancy.

APPENDIX O. Prostate

Appendix Table O1. Study characteristics, patient demographics and detailed data abstraction: case series of proton beam therapy in mixed pediatric cancers

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Arimura 2018 RoB: High Retrospective Case Series Japan Funding: NR COI: None Provides subpopulation analysis for old vs. young, Gleason score, dosage, etc	Diagnosis: Intermediate and High-risk Localized Prostate Cancer Indication: Curative Intent	N=204 Median Age (range): 65 years (39-86) Male: 100% Primary Tumor Sites: Prostate Tumor Characteristics, % (n/N): Elevated glycated hemoglobin (HbA1c): 13% (27/204) Risk Level: Intermediate: 55% (112/204) High: 45% (92/204)	PBT: NR PBT Doses: 74 Gray (Gy) with 37 fractions, 30%; 78 Gray (Gy) with 39 fractions, 42%; 70 Gray (Gy) with 29 fractions, 28% Additional Treatments in conjunction with PBT: Coagulents, 15% (30/204)	Median F/U (range): 52 (24 to 76) months	Primary Outcomes 5-year OS (95% CI) Intermediate-risk: 96% (NR) High-risk: 98% (NR) p-value for the difference between the two groups = 0.673 5-year PFS (95% CI) Intermediate-risk: 97% (NR) High-risk: 83% (NR) p-value for the difference between the two groups = 0.002 Mortality, % (n/N) Disease-related: 0.5% (1/204) All-cause: 2.9% (6/204) Proportion of patients relapsing: 8% (17/204) Proportion of patients diagnosed with metastasis: 2.9% (6/204)	Toxicity Grading Criteria: NR Acute Toxicities, % (n/N) Genitourinary retention problems - Grade 2: 15% (30/204) Genitourinary Frequency problems - Grade 2: 10% (21/204) Genitourinary Pain - Grade 2: 5% (10/204) Late Toxicities, % (n/N) Rectal Hemorrhage - Grade 2: 3.9% (8/204) Genitourinary retention problems - Grade 2: 1% (3/204) Genitourinary Frequency problems - Grade 2: <1% (1/204)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Secondary Outcomes Median EPIC Sexual Summary Scores, all patients* • Baseline: 49.15 • 1-year: 43.36 • 2-year: 40.45 • 3-year: 39.59 • 4-year: 39.90	
					5-year: 40.536-year: 40.63p=NR	
Bryant 2016, Colaco 2015	Diagnosis: Prostate Cancer	N=1327 Median Age (range):	PBT: Dose-escalated Image Guided	Median F/U	Primary Outcomes 5-year Freedom from	Toxicity Grading Criteria: CTCAE v.4.0
ColdCo 2013	Indication: Curative Intent	66 years (41-88)	image Guided	(range): 66	distant metastasis:	CICAL V.4.0
[209 patients in this	indication. Curative intent	Male: 100%	Median PBT Dose	(3.6 to	- low-risk: 99%	Genitourinary toxicities
study are also		Widic. 10070	Range: 78-80 Gy (RBE)	99.6)	- intermediate risk: 99%	occurring ≥6 months
reported on in		Primary Tumor Sites:	Mange: 70 00 dy (NDE)	months	- high risk: 98%	after PT were scored as
Mendenhall 2014]		Prostate	Additional	l III o II c II s	mgn naki 3070	late, and those occurring
			Treatments in		5-year Freedom from	during treatment or <6
RoB: High		Tumor	conjunction with PBT:		nodal metastasis:	months after PBT were
5		Characteristics:	Concurrent		- low-risk: 99%	scored as acute.
Prospective Case		Perineural invasion,	chemotherapy, 4%		- intermediate risk: 99%	
Series		19% (251/1327)	(49/1327);		- high risk: 96%	Acute Toxicity, % (n/N)
			Androgen deprivation			Genitourinary (n=1289)
USA		Percentage of	therapy, 18%		Mortality, % (n/N)	From Bryant 2016
		prostate zones	(244/1327)		• Disease-related: 3.1%	• Grade ≤2: NR
Funding: NR		positive on biopsy			(41/1327)	• Grade ≥3: 0.9%
		≥50%, 33%			• All-cause: 4.1%	(12/1289)
COI: None		(442/1327)			(55/1327)	- Urinary obstruction: 0.6% (8/1289)
		Risk Level:			Secondary Outcomes	- Bladder irritation:
		Low, 41% (547/1327);			Median (range)	0.23% (3/1289)
Provides		Intermediate, 42%			International Prostate	0.23/0 (3/ 1203)
subpopulation analysis		(551/1327);			Symptom	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
for risk group, young vs. old, several disease characteristics, etc		High, 17% (229/1327) International Prostate Symptom score <15: 82% (1060/1327) Comorbidities: Diabetes, 13% (175/1327); Taking aspirin, 37% (437/1327); Prescription Anticoagulant, 9% (121/1327)			Score: Baseline (n=1167): 7 (0-34) 4-years (n=727): 7 (0-30) 5-years (n=505): 7 (0-34) Mean (SD) EPIC patient-reported QoL scores*: Baseline vs. 5-years • Urinary/obstructive summary -Baseline: 87 ± 12 -4-years: 89 ± 12 -5-years: 88 ± 14 p=NR • Urinary incontinence summary -Baseline: 95 ± 16 -4-years: 89 ± 16 -5-years: 90 ± 16 p=NR • Bowel summary -Baseline: 87 ± 9 -4-years: 91 ± 13 -5-years: 92 ± 13 p=NR • Sexual Summary without ADT -Baseline: 67 ± 29	- Hematuria: 0.08% (1/1289) From Colaco 2015: Gastrointestinal (n=1285) • Grade ≤2: 0.2% (2/1285) • Grade 2 Rectal Bleeding: 0.2% (2/1285) • Any grade ≥3: NR Late Toxicity, % (n/N) Genitourinary From Bryant 2016: • Grade ≤2: NR • Grade ≥3: 4.7% (61/1289) • Urinary obstruction: 2.2% (29/1289) - Hematuria: 1.5% (19/1289) - Bladder Irritation: 0.4% (5/1289) - Combination of the above symptoms: 0.62% (8/1289) Gastrointestinal From Colaco 2015: • Grade ≤2: 31.4% (404/1285)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					-4-years: 51 ± 32	- Rectal Bleeding:
					-5-years: 53 ± 33	31.4% (404/1285)
					p=NR; MCID present [defined as a mean difference of 10 to 12 points]	From Bryant 2016: • Grade ≥3: 0.7% (9/1289) - Diarrhea: 0.08% (1/1289)
					Sexual summary with ADT -Baseline: 34 ± 32	- Rectal Bleeding: 0.5% (7/1289)
					-4-years: 41 ± 33	- Rectal Ulceratioon:
					-5-years: 37 ± 30	0.08% (1/1289)
					p=NR	5-year actuarial incidence of late grade
					5-year Freedom from	3
					biochemical	Gastrointestinal
					progression: - low-risk: 99%	toxicity: 0.6%
					- intermediate risk: 94% - high risk: 74%	
					Proportion of patients experiencing biochemical failure: 7.7% (94/1327)	
Mendenhall 2014	Diagnosis : Prostate Cancer	N=211 Median Age (range):	PBT: Dose-escalated Image Guided	Median F/U	Primary Outcomes 5-year OS (95% CI)	Acute and Late Toxic Effects should have been
[209 patients are also		68 years (40-88)	227.2	(range):	• Low-risk: 93% (NR)	captured in Bryant 2016
reported on in Bryant 2016/Colaco 2015]	Indication: Curative Intent	Male: 100%	PBT Dose Protocols: Low-risk disease: 78	62.4 (NR) months	Intermediate-risk: 88% (NR)	and Colaco 2015
		Primary Tumor Sites:	(CGE) in 39 fractions		• High-risk: 86% (NR)	
Prospective Case		Prostate	[PR-01];			
Series			Intermediate-risk: 78 to 82 CGE [PR-02];		Secondary Outcomes	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
RoB: High		Tumor Characteristics:	High-risk disease: 78 CGE with concomitant		5-year Freedom from biochemical	
USA		Medical comorbidity: 62% (131/211)	docetaxel followed by androgen deprivation		progression • Low-risk: 99% (NR)	
Funding: NR		Risk Level:	[PR-03]		• Intermediate-risk: 99% (NR)	
COI: Dr Bradford S. Hoppe received an		Low-risk: 42.2% (89/211)	Additional Treatments in		High-risk: 76% (NR)	
honorarium from Procure for a lecture		Intermediate-risk: 38.9% (82/211):	conjunction with PBT: Anticoagulation: 55%		Proportion of patients experiencing prostate-	
on proton therapy techniques for lung		High-risk: 19% (40/211)	(115/211)		specific antigen (PSA) progression:	
cancer. All other authors have					- PSA alone: 2.4% (5/211)	
no other conflicts of interest to disclose.					- PSA with pelvic nodal failure: 1% (2/211)	
					- PSA with pelvic nodal failure and/or distant	
					metastases 1.4% (3/211)	
Ho 2018	Diagnosis : Prostate Cancer	N=254 Median Age (range):	PBT: Image guided double-scatter PBT	Median F/U	Primary Outcomes 7-year OS (95% CI):	NR
Prospective Case Series	Indication: Curative intent	56 years (41-60) Male: 100%		(range): 85.2 (NR)	98.7% (NR)	
RoB: High	marcation. curative intent	Primary Tumor Sites:	Median PBT Dose (Range): 76–82 Gy	months	Mortality, % (n/N) • Disease-related: 0.4%	
_		Prostate Prostate	(RBE) or 70-72.5 Gy		(1/254)	
USA Sounding of AIR		Risk Level, %(n/N):	(RBE) depending on protocol		• All-cause: 1.6% (4/254)	
Funding: NR		Low: 56% (142/254) Intermediate: 42%	Additional		Secondary Outcomes	
COI: None		(106/254) High: 2% (6/254)	Treatments in conjunction with PBT:		7-year biochemical-free survival (95% CI): 97.8%	
					(NR)	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					Mean EPIC patient-	
					reported QoL scores*:	
					Mean sexual	
					summary score:	
					- Baseline: 83.9	
					- 1-year: 70.5	
					Potency score:	
					- Baseline: 89.7	
					- 1-year: 71.9	
					Urinary incontinence:- Baseline: 95.9	
					- 1-year: 93	
					 Percentage of men 	
					pad-free on a daily	
					basis:	
					- Baseline: NR	
					- 1-year: 99.6%	
					 Urinary irritative and 	
					obstructive score:	
					- Baseline: 89.7	
					- 1-year: 85.4	
					Bowel summary	
					score:	
					- Baseline: 96.4	
1 1 2010	5	N. 4204	DDT DDC		- 1-year: 88.4	T : " C !: C" :
Iwata 2018	Diagnosis : Prostate Cancer	N=1291	PBT: PBS	Median	Primary Outcomes	Toxicity Grading Criteria:
Datus and the Care		Mean Age (SD): 68 (7)	Markey DDT Dagg 74	F/U	5-year OS (95% CI)	CTCAE v.4.0
Retrospective Case	Indication: Coration Intent	Male: 100%	Median PBT Dose: 74	(range):	• Low-risk: 98.4%	Late Tavisity: 0/ /= /NI)
Series	Indication: Curative Intent	Primary Tumor Sites:	Gy	69 (7 to 107)	(95.2% to 99.5%)	Late Toxicity, % (n/N)
RoB: High		prostate	Additional	months	• Intermediate-risk:	Gastrointestinal Toyicity
ΛυΒ. ΠΙΒΙΙ		prostate	Treatments in	1110111115	96.8% (94.9% to 98.0%)	Toxicity - Incidence rates of
Japan		Comorbidities:	conjunction with PBT:		·	- incluence rates of Grade 2+: 4.1% (95%
Japan		-Diabetes mellitus:	conjunction with PD1.		• High-risk: 95.2%	CI, 3.1% to 5.3%)
		10.5% (135/1291)			(93.0% to 96.7%)	CI, 3.1/0 (U 3.3/0)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: Supported by the National Cancer Center Research and Development Fund 28-A-14, JSPS KAKENHI Grant Number 15H05675, and Japan Agency for Medical Research and Development 17ck0106241h0002. COI: None Provides subpopulation analysis for age, dose, risk group, etc		-Hypertension: 24.6% (318/1291) Risk Level: -Low: 16.7%(215/1291) -Intermediate: 40.3% (520/1291) -High: 43.1% (556/1291)	Androgen Deviation Therapy: 59.5% (768/1291)		5-year Cause-specific Survival (95% CI) Low-risk: 100% Intermediate-risk: 100% High-risk: 99.6% (98.5% to 99.9%) 5-year Clinical Relapse Free Survival (95% CI) Low-risk: 100% (NR) Intermediate-risk: 98.2% (96.6% to 99.1%) High-risk: 95.9% (93.9% to 97.3%) Mortality, % (n/N) All-cause: 4.4% (57/1291) Disease-related: 0.3% (4/1291) Proportion of patients developing metastases: 2.2% (29/1291) Secondary Outcomes Biochemical Relapse Free Survival (95% CI) Low-risk: 97% (93.4% to 98.6%) Intermediate-risk: 91% (88.2% to 93.2%)	- Grade 2: 0.5% (6/1291) • Genitourinary Toxicity - Incidence rates of Grade 2+: 4.0% (95% CI, 3.1% to 5.3%) - Grade 2: 0.3% (4/1291)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Makishima 2017 Retrospective Case Series RoB: High Japan Funding: NR COI: NR	Diagnosis: Prostate Cancer Indication: Curative Intent	N=93 Median Age (range): 68 (49 to 81) years Male: 100% Primary Tumor Sites: Prostate Risk Level: High: 49% (54/93) Intermediate: 35% (32/93) Low: 8% (7/93)	PBT: Passive scatter PBT Dose: Low-risk: 74 Gy in 37 fractions Intermediate- and High-risk: 78 Gy in 39 fractions Additional Treatments in conjunction with PBT: Complete androgen blockade was performed from 6 months prior to PBT for intermediate- or high-risk cases, and patients at high risk continued CAB for 3 years. No combination therapy was used for low-risk cases based	Median F/U (range): 55 (32 to 97) months	High-risk: 83.1% (79.8% vs. 86.1%) Proportion of patients with biochemical relapse 10.6% (137/1291) [n=35 also presented with clinical relapse, as reported above] Primary Outcomes Mortality, % (n/N) All-cause: 1.1% (1/93) Secondary Outcomes 5-year cumulative biochemical relapse-free rate (95% CI): 99.0% (93.2% to 99.9%) Proportion of Patients Prostate Specific Antigen Free: 98.9% (92/93)	Toxicity Grading Criteria: NR Late Toxicity, % (n/N) Gastrointestinal Toxicity • 5-year incidence rates of Grade 2+: 4.3% • Rectal Bleeding • Grade 2: 4.3% (4/93) Genitourinary Toxicity • 5-year incidence rates of Grade 2+: 4.3% • Non-infectious cystitis • Grade 3: 1.1% (1/93) • Urinary frequency • Grade 2: 4.3% (4/93) • Hematuria • Grade 2: 1.1% (1/93)
			on our criteria.			

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Pugh 2016 [Heavy crossover of patients with Pugh 2013] Prospective Case Series RoB: High USA Funding: Supported in part by the National Institutes of Health through M. D. Anderson's Cancer Center Support Grant (CA016672). COI: None	Diagnosis: Non-metastatic prostate cancer Indication: Curative Intent	N=423 Median Age (range): 65 years (5 to 82) Male: 100% Primary Tumor Sites: Prostate Comorbidities: Hemorrhoids: 37% (158/423) Diabetes: 11% (46/423) History of vascular disease: 12% (49/423) History of rectal surgery: 7% (30/423) Risk Level: Low: 43% (182/423) Intermediate: 56% (238/423) High: 1% (3/323)	PBT Passive Scatter: 81% (344/423) Intensity Modulated: 19% (79/423) PBT Dose Range: 75.6 to 78 Gy (RBE) in 1.8 to 2 Gy (RBE) fractions Additional Treatments in conjunction with PBT: Hormone Therapy: 37% (158/423); Anti-coagulant medications: 44% (186/423)	Median F/U (range): 62.4 (NR) months	Primary Outcomes Mortality, % (n/N) • All-cause: 3.1% (13/423) Proportion of patients with histologically confirmed failure, % (n/N) Local recurrence: 0.5% (2/423) Regional nodal recurrence: 0.5% (2/423) Secondary Outcomes Cumulative incidence of biochemical failure 5.2% (95% CI, 3.0%-8.3%) Proportion of patients experiencing biochemical failure 4% (17/423) Proportion of patients receiving salvage therapy, % (n/N): 2.8% (12/423) Mean EPIC patient QoL scores* Bowel Domain • Summary score	Toxicity Grading Criteria: Modified Radiation Therapy Oncology Group Acute Toxicity % (n/N) Genitourinary - Grade 2: 46.3% (196/423) Gastrointestinal - Grade 2: 5% (21/423) Cumulative incidence of grade 2 acute toxicity • Genitourinary: 46.3% (95% CI 42% to 51%) • Gastrointestinal: 5.0% (95% CI 3.1% to 7.3%) Late Toxicity % (n/N) Genitourinary - Grade 2: 16.1% (68/423) Gastrointestinal - Grade 2: 9.7% (41/423) - Grade 3: 0.2% (1/423) Cumulative incidence of grade 2 late toxicity • Genitourinary: 15.9% (95% CI, 13%-20%). • Gastrointestinal: 9.7% (95% CI, 6.5%-12%)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					- Baseline: 95.2 - 4-years: 91.3 p=NR • Function score -Baseline: 94.2 -4-years: 91.3	Cumulative incidence of argon plasma coagulation application for rectal bleeding: 5.6% (95% CI 3.7%-8.2%).
					p=NR	
					Bother score -Baseline: 96.1	
					-4-years: 91.3	
					p=NR	
					Sexual Domain • Summary score: -Baseline: 57.8	
					-4-years: 47	
					p=NR	
					• Function score -Baseline: 53.6	
					-4-years: 43.2	
					p=NR	
					Bother score-Baseline: 67	
					-4-year: 56.9	
					p=NR	
					<u>Urinary Domain</u> ■ Summary score -Baseline: 90	
					-4-year: 89.7	
					p=NR	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					• Function score -Baseline: 95.9	
					-4-year: 93.7	
					p=NR	
					Bother score-Baseline: 85.7	
					-4-year: 86.8	
					p=NR	
					Hormonal DomainSummary score-Baseline: 90.2	
					-4-year: 92.2	
					p=NR	
					Function score-Baseline: 87.1	
					-4-years: 90.4	
					p=NR	
					Bother score-Baseline: 92.6	
					-4- <i>year</i> : 93.7	
					p=-NR	
Takagi 2017	Diagnosis : Localized Prostate Cancer	N=1375 Median Age (range):	PBT: Passive Scatter	Median F/U	Primary Outcomes OS (95% CI)	Toxicity Grading Criteria: NR
Retrospective Case		69 years (44 to 92)	!!	(range):	• 5-year	
Series	Indication: Curative Intent	Male: 100%	Median PBT Dose: 74 Gy (RBE)	70 (4 to 145)	- <i>Low-risk</i> : 98% (88% to 87%)	5-year Rate of Late GI Toxicities (95% CI)
RoB: High		Primary Tumor Sites:		months	- Intermediate-risk: 96%	• Grade 1: 10% (8.5%
lana.		Prostate	Additional		(94% to 98%)	to 12%)
Japan		Comorbidity:	Treatments in conjunction with PBT:			• Grade 2: 3.8% (2.8% to 4.8%)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Funding: NR COI: None		Diabetes: 11% (145/1375) Risk Level: Low: 18% (249/1375) Intermediate: 44% (602/1375) High: 33% (449/1375) Very High: 5% (75/1375)	Androgen Deprivation Therapy: 57% (785/1375) Anticoagulant drugs: 10% (142/1375)		- High-risk: 96% (93% to 97%) - Very high-risk: 90% (80% to 96%) • 8-year - Low-risk: 95% (88% to 98%) - Intermediate-risk: 90% (87% to 93%) - High-risk: 89% (84% to 99%) - Very high-risk: 86% (73% to 93%) [The OS rate for very high-risk patients was significantly worse than those of low-, intermediate-, and high-risk groups (P = 0.003, P = 0.010, and P = 0.047)] Cancer-specific survival (95% CI) • 5-year - Low-risk: 100% (100% to 100%) - Intermediate-risk: 100% (100% to 100%) - High-risk: 99% (97% to 100%) - Very high-risk: 95% (94% to 98%) • 8-year	• Grade 3: 0.1% (0% to 0.2%) 5-year Rate of Late GU Toxicities (95% CI) • Grade 1: 8.9% (7.3% to 10%) • Grade 2: 1.9% (95% CI, 1.1–2.6%) • Grade 3: 0.1% (0.1% to 0.2%) Late Toxicities, % (n/N) Gastrointestinal • Grade 1: 59.6% (82/1375) • Grade 2: 3.9% (53/1375) • Grade 3: 0.7% (1/1375) Genitourinary • Grade 1: 8.7% (119/1375) • Grade 2: 2.4% (33/1375) • Grade 3: 0.7% (1/1375)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					- Low-risk: 100% (100% to 100%) - Intermediate-risk: 99% (97% to 100%) - High-risk: 98% (95% to 99%) - Very high-risk: 92% (81% to 97%) [The CSS rate for very high-risk patients was significantly worse than those of low-, intermediate- and high-risk groups (P < 0.001, P < 0.001, and P = 0.014)]	
					Proportion of patients experiencing clinical recurrence: 3.1% (43/1375) [11 local recurrences, 15 (1.3%) pelvic lymph node metastases, 18 bone metastases, and 3 others]	
					Mortality, % (n/N) • All-cause: 6.6% (91/1375) • Disease-related: 0.9% (12/1375) Secondary Outcomes Proportion of patients experiencing	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					biochemical relapse: 13% (177/1375)	
					Freedom from biochemical relapse (95% CI) • 5-year - All patients: 89% (87% to 91%)	
					- <i>Low-risk</i> : 99% (96– 100%)	
					- Intermediate-risk: 91% (88–93%)	
					- High-risk: 86% (82–89%)	
					- Very high-risk: 66% (53–76%)	
					• 8-year - All patients: 82% (79% to 84%) - Low-risk: 95% (88–98%) - Intermediate-risk: 87% (83–90%) - High-risk: 71% (64–77%) - Very high-risk: 55% (41–67%) [FN: The Freedom from biochemical relapse rate	
					for very high-risk patients was significantly lower than	
					those of low-,	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					intermediate-, and high- risk groups (<i>P</i> < 0.001, <i>P</i> < 0.001, and <i>P</i> < 0.001)]	
Vargas 2016 Prospective Case Series RoB: High USA Funding: None	Diagnosis: Prostate Cancer (with a Gleason score of 6) Indication: Curative Intent	N=49 Median Age (range): 65 years (52 to 75) Male: 100% Primary Tumor Sites: Prostate Risk Level: Low: 100%	PBT: Hypo- fractionated PBT PBT Dose: 38 Gy (RBE) in 5 fractions	Median F/U (range): 18 (NR) months	Primary Outcomes Mortality, % (n/N) • All-cause: 0% • Disease-related: 0% Secondary Outcomes Mean ± change in EPIC patient QoL scores* • Urinary Summary: -Baseline: 91.3 ± 8.2	Toxicity Grading Criteria: CTCAE v.4.0 Acute and Late Toxicity, % (n/N) Urinary - Grade 2: 37% (17/49) Bowel - Grade 2: 13% (6/49)
COI: None					-3-months: 87 ± 11.1; p=0.04 -6 months: 88.7 ± 12.4; p=0.24 -1-year: 85.9 ± 12.6; p=0.02 -1.5-years: 84 ± 12.6; p=0.01 -2-years: 90 ± 7.3; p=0.88 • Bowel Summary -Baseline: 96.4 ± 4.3 -3-months: 91.9 ± 9.5; p=0.003	
					-6 months: 87.5 ± 15.9; p<0.001 [MID achieved]	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					-1-year: 87.5 ± 14; p<0.001 [MID achieved]	
					-1.5-years: 90.5 ± 11.1; p=0.002	
					-2-years: 89.2 ± 11.2; p=0.002	
					• Sexual Summary -Baseline: 60 ± 22.8	
					-3-months: 57.2 ± 24.6; p=0.57	
					-6 months: 55.9 ± 27.5; p=0.27	
					-1-year: 52.1 ± 25.3; p= 0.17	
					-1.5-years: 47.9 ± 25.9; p=0.06	
					-2-years: 46.6 ± 25.6; p=0.053 [MID achieved]	
Hoppe 2014	Diagnosis: Localized	N=1243	PBT: NR	Median	Primary Outcomes	NR
	Prostate Cancer	Mean Age: 66 years		F/U	NR	
Prospective Case	Indication: Curative Intent	Male:100%	PBT Dose: 99%	(range): NR	Cocondom: Outcomes	
Series	mulcation: Curative intent	Primary Tumor Sites:	(1226/1243) received between 78 Gy and 82		Secondary Outcomes Median EPIC QoL	
USA		Prostate	Gy (RBE)		Scores at various time points*	
Funding: This work		Risk Level:			[estimated from figure	
was supported by		Low: 46% (567/1243)			4a-d]	
grants from the		Intermediate: 43%			[a change from baseline	
National Institute of		(532/1243) High: 13% (27/1243)			>50% of the standard deviation at any point in	
		High. 1570 (27/1243)			deviation at any point in	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
Health (RO1 CA95662					time was considered an	
and 1RC1CA14596)					MCID]	
and the American					 Bowel Summary 	
College of Radiology-					- Baseline: 100	
Radiation Therapy					- 6 months: 96	
Oncology Group.					(p<0.05)	
					- 1 year: 92 (p<0.05 ;	
COI: Dr. Hoppe reports					MCID)	
receiving an					-2 years: 96	
honorarium from					(p<0.05; MID)	
ProCure for lectures,					Urinary Incontinence	
and he serves on the					- Baseline: 100	
board of the Proton					- 6 months: 100	
Collaborative					(p<0.05)	
Group. Dr. Sandler is a					- 1 year: 100 (p<0.05)	
board member of Eviti					-2 years: 100 (p<0.05)	
and he reports					Urinary	
payment from					irritative/obstructive	
Medivation,					- Baseline: 87	
Millennium, Bayer					- 6 months: 94	
Health, and Varian					- 1 year: 87 (p<0.05)	
Health for consultant					-2 years: 94	
services. Dr. Sanda is a					Sexual Score	
board member of					- Baseline: 75	
Medicametrix, and he					- 6 months: 67	
reports payment from					(p<0.05)	
Sanofi-Aventis for					- 1 year: 62 (p<0.05)	
lectures. Dr. Hamstra					-2 years: 58	
reports payment from						
Myriad Health and					Proportion of Men	
Bayer Health for					With Minimally	
consultant services					Detectable Differences	
and payment from					in EPIC Composite	
Varian Health for					Scores*	
lectures.					Bowel Summary:	

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
					- 6 months:25%	
					- 1 year: 41%	
					-2 years: 37%	
					Urinary Incontinence:	
					- 6 months: 22%	
					- 1 year: 31%	
					-2 years: 32%	
					 Urinary irritative/obstructive: 	
					- 6 months: 18%	
					- 1 year: 23%	
					-2 years: 17%	
					Sexual Score:	
					- 6 months: 27%	
					- 1 year: 36%	
					-2 years:40%	
Chuang 2018	Diagnosis: Non-	N=85	PBT modality	Median	NR	Acute Toxicity, %
	metastatic prostate	Median Age	-Pencil Beam	F/U		(n/N)
Prospective Case	cancer	(Range): 69 (53.9 to	Scanning: 68.2%	(range):		<u>Gastrointestinal</u>
Series		79.9) years	-Uniform scanning:	14.5		Grade 1: 16.4%
	Indication: Curative	Male: 100%	31.8%	(2.8 to		(14/85)
RoB: High	Intent			49.2)		Grade 2: 2.4% (2/85)
		Median Pre-PBT	Median Total Dose	months		Grade 3: 0% (0/85)
USA		PSA (Range) (): 8.21	to Prostate and			
		(0.1 to 126.18)	Seminal Vesicles	Patients		<u>Genitourinary</u>
COI: None		ng/mL	(range): 79.4 (70 to	with at		Grade 1: 60% (51/85)
			80.2) Gy	least 12-		Grade 2: 34.1%
Funding: NR		Gleason score		months		(29/85)
		6: 2.4%		f/u		Grade 3: 0% (0/85)
		7: 18.8%		(50.6%)		
		8: 43.5%		and 24		Late Toxicity, % (n/N)
		9: 30.6%		months		<u>Gastrointestinal</u>
		10: 4.7%				Grade 1: 7.1% (6/85)

Author (year), Study Site	Diagnosis Indication	Population	PBT specifications	F/U	Primary Outcomes Secondary/Indirect Outcomes	Safety
		Clinical T stage T1: 34.1% T2: 48.2% T3: 16.5% Unknown: 1.2% Clinical N stage N0: 77.6% N1: 7.1% Unknown: 15.3% Clinical M stage		f/u (21.2%)		Grade 2: 2.4% (2/85) Grade 3: 1.2% (1/85) Genitourinary Grade 1: 12.9% (11/85) Grade 2: 5.9% (5/85) Grade 3: 0% (0/85)
		M0: 83.5% M1a: 1.2% Unknown: 15.3% Androgen Deprivation Therapy Prior to PBT: 60% During PBT: 77.6%				

PBT = Proton Beam Therapy; NR = Not Reported; Gy = Grey; F/U = Follow-up; OS = Overall Survival; QoL = Quality of Life; COI = Conflict of Interest; SD = Standard Deviation; EPIC = expanded prostate cancer index composite; CGE = Cobalt Grey Equivalent; PSPT = Passive Scatter Proton Therapy; SSPT = Spot Scanning Proton Therapy; SS = Statistically Significant

*The Expanded Prostate Cancer Index Composite (EPIC) Quality of Life score measures health-related quality of life in men with prostate cancer. Scores were reported using a scale of 0 to 100, with higher scores indicating better outcomes.

Appendix Table O2. Study characteristics and patient demographics: comparative studies of proton beam therapy in prostate cancer

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
RCTs							
Khmelevsky 2018 RCT Moderately High Russia	272	Photon RT + PBT Boost (n=116): Preliminary photon dose of 44 Gy in 22 fractions followed by 3 variants of proton boost fractionation: 3.0, 4.0, 5.5 Gy(RBE); Mean dose (prostate): 71.8 ± 0.1 Gy (RBE); Mean dose (small pelvis): 44.9 ± 0.4 Gy (RBE) Photon RT alone (n=173): Standard conformal 8-field photon irradiation; Mean dose (prostate): 68.6 ± 0.4 Gy; Mean dose (small pelvis): 44.8 ± 0.3 Gy	Inclusion: Patients with locally advanced prostate cancer treated from 2000 to 2011 Exclusion: NR	Photon RT + PBT boost vs. Photon RT alone Mean age ± SD (years): 66.9 ± 6.4 vs. 69.0 ± 5.8 Male: 100% vs. 100% Stage: • T1N0M0: 11% ± 4% vs. 17% ± 5% • T2N0M0: 41% ± 4% vs. 39% ± 4% • T3-4N0M0: 48% ± 4% vs. 44% ± 3% • T2-3N1M0: 6% ± 2% vs. 5% ± 2% PSA (mean ng/ml): 28.7 ± 3.5 vs. 28.0 ± 2.7 Patients with PSA>50 mg/ml: 16% ± 4% vs. 11% ± 3% Progress Risk Group: • Low: 7.0% ± 3.1% vs. 3.8% ± 1.2% • Intermediate: 36.0% ± 4.0% vs. 46.5% ± 6.6% • High: 57.0% ± 5.2% vs. 49.7% ± 5.0% Neoadjuvant HT (ADT): 95% vs. 95% Previous surgeries at urinary	Photon RT + PBT boost vs. Photon RT alone F/U (median ± SD): 67.8 ± 3.1 months vs. 71.6 ± 2.9 % F/U - All patients: 94.1% (272/289) - Photon RT + PBT boost vs. Photon RT alone: CD*	5-year and 10-year Recurrence-free Survival and Biochemical relapse- free survival Harms	Funding: None COI: None Also provides data based on frequency of proton boost received Provides a cox regression model analysis in order to determine the independent risk factors for severe post irradiation complications of the lower urinary tract. (KQ2?)

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		p-value for the difference in mean irradiation dose to the prostate = <0.01		 Transurethral resection: 14% ± 4% vs. 17% ± 5% Adenomectomy: 6% ± 3% vs. 9% ± 3% Cystostomy: 3% ± 2% vs. 5% ± 2% 			
Comparative C	ohort Stu	dies			<u> </u>		
Fang 2015 Retrospective Cohort (Case match analysis) Moderately High USA	188	PBT (n=94): Median total dose (Gy): 79.2 in 44 fractions [passive scatter] Intensity- modulated RT (n=94): Median total dose (Gy): NR From a total of 394, 188 patients (94 pairs) matched for risk group, age at diagnosis, and prior gastrointestinal or genitourineal disorders.	Inclusion: Patients with histologically confirmed prostatic adenocarcinoma with no clinical or pathologic evidence of extraprostatic disease or pelvic lymph node involvement who were treated with PBT from January 2010 to December 2012 or with IMRT from July 2009 to December 2012 Exclusion: NR	PBT vs. IMRT Age 60-69 years: 50% vs. 46.8% Male: 100% vs. 100% Risk group: • Low: 55% vs. 55% • Intermediate: 31% vs. 37% • High: 7% vs. 7% Androgen-deprivation therapy: 16% vs. 29% Comorbidities: • Hypertension: 46% vs. 67% • Hemorrhoids: 14% vs. 10% • Diabetes mellitus: 14% vs. 23% • Prior GI disorders (yes): 12% vs. 15% • Prior GU disorders (yes): 16% vs. 22% ECOG PS • 0: 97% vs. 93%	F/U (median [range]): 29 months (5-65) vs. 47 months (5-10) % F/U - All patients: 100% (394/394)	Harms	Funding: supported by the University of Pennsylvania. Dr. Bekelman was supported by National Cancer Institute grant K07-CA163616: Effectiveness of Radiotherapy for Prostate Cancer. COI: Dr. Christodouleas is an employee of Elekta, AB.

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Pan 2018 Retrospective cohort (database) Propensity score matched Moderately High USA	4158	PBT (n=693): Median number of treatment fractions: 39 IMRT (n=3465): Median number of treatment fractions: 42 (From a total of 11,816 patients)	Inclusion: Patients age <65 years who received either IMRT, SBRT, or PBT radiation for localized prostate cancer between 2008 and 2015 (were part of the MarketScan Commercial Claims and Encounters database). Exclusion: Received brachytherapy or combined radiation modalities, or if pretreatment claims indicated metastatic disease, radical prostatectomy, or other malignancy.	 1: 3% vs. 7% 2: 0% vs. 0% IPSS score, mean ± SD: 6.9 ± 5.8 (n=94) vs. 6.9 ± 6.0 (n=91) BSS score, mean ± SD: 92.7 ± 9.3 (n=76) vs. 96.6 ± 5.4 (n=54), p=0.003 PBT vs. IMRT Age (years): ≤55: 29% vs. 29% 56-60: 39% vs. 39% 61-64: 32% vs. 33% Male: 100% vs. 100% Comorbidity None: 87% vs. 89% 1: 10% vs. 9% ≥2: 3% vs. 2% Concurrent ADT: 19% vs. 19% 	PBT vs. IMRT F/U (median [range]): 23 months (NR) vs. 23 months (NR) % F/U: CD	Harms	Funding/COI: HP- Research Funding: Varian Medical Systems CT- Stock or Other Ownership: Corvus Pharmaceuticals Research Funding: Varian Medical Systems Patents, Royalties, Other Intellectual Property: Patent #9,175,079 Travel, Accommodations, Expenses: Varian Medical Systems SF-
							Leadership: C4 Imaging

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
							Stock or Other Ownership: C4 Imaging Honoraria: Varian Medical Systems Consulting or Advisory Role: Varian Medical Systems Research Funding: Elekta, Hitachi Patents, Royalties, Other Intellectual Property: C4 Imaging Travel, Accommodations, Expenses: Varian Medical Systems MA- Stock or Other Ownership: CivaTech Oncology
Dutz 2019	58	PBT (n=29) - Conventionally	Inclusion: age over 18 years, histologically	PBT vs. IMRT	Median F/U: NR	QoL	Funding: NR
Retrospective	(From	fractionated	confirmed localized or	Median Age (range): 70.4		Harms	COI: None
Propensity	a pool	- Treated between	locally advanced PCA	(49.3 to 83.6) vs. 74.9 (65.9	% F/U : NR		
score Matched	of 88)	January 2015 and	without positive pelvic	to 83.8) years, p=0.001			
Comparative		March 2017	lymph nodes or distant				
Cohort		- Median Dose: 74	metastases, and an Eastern	Median Prostate Specific			
		Gy	Cooperative Oncology	Antigen level: 7 vs. 8.3			
ROB			Group				
		IMRT (n=29)	(ECOG) status ≤2	Risk Level (D'Amico)			
Germany				- Low: 6.9% vs. 0%			

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		- Conventionally fractionated	Exclusion: NR	- Intermediate: 75.9% vs. 79.3%			
		- Treated between May 2013 and		- High: 17.2% vs. 20.7%			
		December 2016		Receipt of Androgen			
		- Median Dose: 78 Gy		Deprivation Therapy: 44.8% vs. 44.8%			
		p-value for		Descipt of Anticoogulants			
		median dose		Receipt of Anticoagulants: 31% vs. 37.9%			
		<0.001		TURP: 6.9% vs. 3.4%			
				Diabetes: 27.6% vs. 24.1%			
				Pre-radiation Genitourinary			
				Toxicity - 0: 55.2% vs. 69%			
				- 1: 41.4% vs. 24.1% - 2: 3.4% vs. 3.4%			
				- 3: 0% vs/ 3.4%			
				Pre-radiation Gastrointestinal			
				Toxicity			
				- 0: 100% vs. 93.1% - 1: 0% vs. 3.4%			
				- 2: 0% vs. 3.4%			

CD = cannot be determined; COI = conflict of interest; F/U = follow-up; Gy = Gray; IMRT = Intensity-modulated Radiation Therapy; PBT = Proton Beam Therapy; RBE = Relative Biological Effectiveness; RoB = Risk of Bias; SBRT – Stereotactic Body Radiotherapy; SD = standard deviation

^{*}Differential loss to follow-up cannot be determined (number of patients lost per treatment group not provided, of 289 patients with T1-3N0-1M0 disease treated between 2010 and 2011, 17 were lost to follow-up of those 289)

[†]Differential loss to follow-up cannot be determined (number of eligible patients not provided, patients required to have had continuous coverage from 6 months before through 6 months after starting treatment).

Appendix Table O3. Detailed data abstraction: comparative studies of proton beam therapy in prostate cancer

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
RCTs			
Rhmelevsky 2018 Photon RT + PBT boost (n=116) vs. Photon RT alone (n=173) RCT Moderately High Russia	Photon RT + PBT boost vs. Photon RT alone OS • 5-year: 74% ± 5.0% vs. 78.8% ± 4.1%; p=NS • 10-year: 55.9% ± 9.0% vs. 60.6% ± 5.7%; p=NS	Photon RT + PBT boost vs. Photon RT alone Biochemical Relapse Free Survival • 5-year: 60% ± 5.4% vs. 61.9% ± 4.4%; p=NS • 10-year: 45.5% ± 8.5% vs. 42.8% ± 7.1%; p=NS	Photon RT + PBT boost vs. Photon RT alone Toxicity Grading Criteria: Standard Radiation Therapy Oncology Group/European Organization for Research and Treatment of Cancer scale Acute Toxicity Gastrointestinal Grade ≤2: 54.4% ± 5.4% vs. 69.2% ± 5.7%; p < 0.01 No grade 3-4 Gastrointestinal complications were observed in either group Genitourinary Grade 2: 33.3% ± 4.6% vs. 36.1% ± 3.5%; p=NS Grade 3-4: 0% vs.1.9% ± 1.8%; p=NS Late Toxicity Gastrointestinal Grade 2: 10.2% ± 5.5% vs. 34.8% ± 7.4%; p<0.01 Grade 3-4: 0.9% ± 1.7% (n=1) vs. 1.3% ± 1.8% (n=2); p=NR Genitourinary Grade 2: 8.3% ± 5.0% vs. 9.1% ± 4.5% p=NR Grade 3-4: 2.8% ± 2.6% (n=3) vs. 3.8% ± 3.0% (n=5); p=NR

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			10-year cumulative actuarial frequency of Gastrointestinal and Genito-urineal Grade ≥3: 1.7% vs. 8.7% 10-year Grade 3 or 4 Toxicity Free Survival (95% CI) [Estimated from Figure 2] Gastrointestinal: 99% vs. 98% (NR) Genitourinary: 90% vs. 92% (NR)
Cohort Studies			
Fang 2015	NR	NR	PBT vs. IMRT
PBT (n=94) vs. IMRT (n=94) Retrospective Cohort (Case match analysis) Moderately High USA			Toxicities were assessed according to CTCAE v.3 Acute Toxicity (≤90 days from start of radiation), % (n/N) [IMRT=referent] Gastrointestinal • Grade 0: 60.6% (57/94) vs. 41.5% (39/94) • Grade 1: 35.1% (33/94) vs. 44.7% (42/94) • Grade 2: 4.3% (4/94) vs. 13.8% (13/94) • Grade 3: 0% (0/94) vs. 0% (0/94) • Grade 0-1: 95.7% (90/94) vs. 86.2% (81/94) • Grade 2-3: 4.3% (4/94) vs. 13.8% (13/94) • Any grade: OR 0.25 (95% CI, 0.07 to 0.89); p=003 adjusted OR* 0.27 (95% CI, 0.06 to 1.24); p= 0.09 Genitourinary • Grade 0: 4.3% (4/94) vs. 5.3% (5/94) • Grade 1: 74.5% (70/94) vs. 66% (62/94)

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Grade 2: 21.3% (20/94) vs. 28.7% (27/94) Grade 3: 0% (0/94) vs. 0% (0/94) Grade 0-1: 78.7% (74/94) vs. 71.3% (67/94) Grade 2-3: 21.3% (20/94) vs. 28.7% (27/94) Any grade: OR 0.63 (95% CI, 0.31-1.30); p=0.21 adjusted OR† 0.69 (95% CI, 0.32 to 1.51); p= 0.36
			Late Toxicity (>90 days from start of radiation), % (n/N) [IMRT=referent] Gastrointestinal • Grade 0: 59.6% (56/94) vs. 47.3% (44/94) • Grade 1: 27.7% (26/94) vs. 41.9% (39/94) • Grade 2: 12.8% (12/94) vs. 8.6% (8/94) • Grade 3: 0% (0/94) vs. 2.2% (2/94) • Grade 2-3: 12.8% (12/94) vs. 10.8% (10/94) • Any grade: HR 1.28 (95% CI, 0.55-2.99); p=0.57 Adjusted HR‡ 1.24 (95% CI, 0.53 to 2.94); 0.62
			Genitourinary Grade 0: 17.0% (16/94) vs. 17.2% (16/94) Grade 1: 70.2% (66/94) vs. 64.5% (60/94) Grade 2: 10.6% (10/94) vs. 18.3% (17/94) Grade 3: 2.1% (2/94) vs. 0% (0/94) Grade 2-3: 12.8% (12/94) vs. 18.3% (17/94) Any grade: HR 0.81 (95% CI, 0.38-1.74); p=0.59 Adjusted HR§ 0.56 (95% CI, 0.22 to 1.41); p=0.22
			Cumulative (from day 90) late toxicity rates ■ Gastrointestinal (adjusted HR 1.24, p=0.62) □ 1-year: 9.7% vs. 3.4%

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 2-year: 13.7% vs. 9.9% Genitourinary (adjusted HR 0.56, p=0.22) 1-year: 11.8% vs. 11.1% 2-year: 13.1% vs. 12.4%
Pan 2018 PBT (n=693) vs. IMRT (n=3465)	NR	NR	PBT vs. IMRT Cumulative Incidence of Toxicity:
Prospective Cohort Moderately High			 6-months (proton n=693; IMRT n=3465) Urinary (any grade) Any urinary Toxicity: 12.1% vs. 21.5% Incontinence: 0% vs. 1.4%
USA			 Bleeding/irritation: 10.9% vs. 17.7% Obstruction/retention: 2.7% vs. 5.8% Stricture: 0.1% vs. 0.4% Fistula: 0% vs. 0.1%
			 Bowel (any grade) Any Bowel Toxicity: 1.6% vs. 3.2% Bleeding/proctitis: 1.4% vs. 3.1% Ulcer/Stricture/Fistula: 0.1% vs. 0.1%
			 Incontinence: 0% vs. 0.1% Proctectomy/hyperbaric oxygen: 0% vs. 0.1% Other
			• Erectile Dysfunction: 5.0% vs. 9.7% 12-months (proton n=572; IMRT n=2862) Urinary (any grade)
			 Any urinary Toxicity: 23.1% vs. 31.6% Incontinence: 0.5% vs. 3.0% Bleeding/irritation: 21.2% vs. 26.4%
			Obstruction/retention: 5.0% vs. 8.8%Stricture: 0.5% vs. 1.1%

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Fistula: 0% vs. 0.1% Bowel (any grade) Any Bowel Toxicity: 7.4% vs. 7.7% Bleeding/proctitis: 7.0% vs. 7.3% Ulcer/Stricture/Fistula: 0.6% vs. 0.4% Incontinence: 0.2% vs. 0.2% Proctectomy/hyperbaric oxygen: 0% vs. 0.3% Other Erectile Dysfunction: 10.6% vs. 18.1% 24-month (proton n=341; IMRT n=1718) Urinary (any grade) Any urinary Toxicity: 33.3% vs. 42.2%
			 Incontinence: 2.1% vs. 5.9% Bleeding/irritation: 31.1% vs. 36.0% Obstruction/retention: 8.7% vs. 12.7% Stricture: 0.7% vs. 2.6% Fistula: 0% vs. 0.2% Bowel (any grade) Any Bowel Toxicity: 19.5% vs. 15.4% Bleeding/proctitis: 19.5% vs. 14.6% Ulcer/Stricture/Fistula: 0.6% vs. 1.1% Incontinence: 0.3% vs. 0.3% Proctectomy/hyperbaric oxygen: 0.6% vs. 0.6% Other Erectile Dysfunction: 20.7% vs. 27.8%
			36-months (proton n=205; IMRT n=1003) [IMRT as referent for HR (95% CI)] Urinary (any grade) • Any urinary Toxicity: 39.1% vs. 48.3%; HR 0.72 (0.63 to 0.83); p<0.001

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			 Incontinence: 3.5% vs. 7.5%; HR 0.36 (0.21 to 0.60); p<0.001 Bleeding/irritation: 36.0% vs. 42.4%; HR 0.79 (0.68 to 0.91); p=0.002 Obstruction/retention: 10.0% vs. 15.7%; HR 0.69 (0.53 to 0.90); p=0.006 Stricture: 0.7% vs. 3.3%; HR 0.21 (0.08 to 0.58); p=0.002 Fistula: 0% vs. 0.4%; HR NC Bowel (any grade) Any Bowel Toxicity: 24.9% vs. 19.2%; HR 1.27 (1.05 to 1.55); p=0.02 Bleeding/proctitis: 24.8% vs. 18.0%; HR 1.34 (1.10 to 1.63); p=0.004 Ulcer/Stricture/Fistula: 1.0% vs. 1.4%; HR 0.94 (0.42 to 2.12); p=0.89 Incontinence: 0.3% vs. 0.4%; HR 0.77 (0.17 to 3.40); p=0.73 Proctectomy/hyperbaric oxygen: 0.6% vs. 0.9%; HR 0.72 (0.22 to 2.41); p=0.59 Other Erectile Dysfunction: 28.6% vs. 34.3%; HR 0.71 (0.59 to 0.84); p=0.001
Dutz 2019 PBT (n=29) vs. IMRT (n=29) Retrospective Propensity score Matched Comparative Cohort	NR	PBT vs. IMRT EORTC QLQ-C30 (general quality of life) questionnaire scores,** mean change (SD) from baseline: • 3 months post radiation - Constipation subscale score: -6.7	PBT vs. IMRT RR (95% CI) calculated by AAI Acute (≤ 3months) Toxicities Genitourinary • Grade 1: 66% (19/29) vs. 45% (13/29) RR 1.46 (95% CI 0.90 to 2.37)
33.1011		(13.8) vs. 6.7 (22.5), p=0.034	• Grade 2: 24% (7/29) vs. 41% (12/29)

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Germany		[No statistically significant differences in the mean change from baseline were identified for any of the following subscales: global health status, physical functioning, role functioning, emotional functioning, cognitive functioning, social functioning, fatigue, nausea and vomiting, pain, dyspnoea, insomnia, appetite loss, diarrhea, financial difficulties] • 12 months post radiation - Global Health Status subscale score: - 2.8 (26) vs. 8.3 (15), p=0.04 [No statistically significant differences in the mean change from baseline were identified for any of the following subscales: constipation, physical functioning, role functioning, emotional functioning, cognitive functioning, social functioning, fatigue, nausea and vomiting, pain, dyspnoea, insomnia, appetite loss, diarrhea, financial difficulties] EORTC QLQ-PR25 (prostate-cancer specific) questionnaire scores,** mean change (SD) from baseline: No statistically significant differences in mean change from baseline scores existed between the two groups for any of the subscale scores (uriniary symptoms, bowel symptoms, hormone treatment-related symptoms, incontinence aid)	RR 0.58 (95% CI 0.27 to 1.27) Grade 3: 3% (1/29) vs. 3% (1/29) Obstructive Symptoms: 3% (1/29) vs. 0% (0/29) Pelvic Pain: 0% (0/29) vs. 3% (1/29) p=0.45 Gastrointestinal Grade 1: 48% (14/29) vs. 38% (11/29) RR 1.27 (95% CI 0.70 to 2.32) Grade 2: 14% (4/29) vs. 17% (5/29) RR 0.80 (95% CI 0.24 to 2.68) Grade 3: 3% (1/29) vs. 0% (0/29), p=0.60 Diarrhea: 3% (1/29) vs. 0% (0/29) p=0.60 Late (at 12 months after RT) Genitourinary Grade 1: 23% (5/22) vs. 32% (7/22) RR 0.71 (95% CI 0.27 to 1.91) Grade 2: 23% (5/22) vs. 27% (6/22) RR 0.83 (95% CI 0.30 to 2.33) Grade 3: 0% (0/22) vs. 5% (1/22), p=0.32 Obstructive Symptoms: 0% (0/22) vs. 5% (1/22) p=0.53 Gastrointestinal Grade 1: 9% (2/22) vs. 27% (6/22) RR 0.33 (95% CI 0.08 to 1.47) Grade 2: 9% (2/22) vs. 9% (2/22) Grade 3: 5% (1/22) vs. 0% (0/22), p=0.32

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
			- Proctitis with rectal bleed: 5% (1/22) vs. 0% (0/22) p=0.35

EPIC = expanded prostate cancer index composite; Gy = Gray; HR = Hazard ratio; IMRT = Intensity-modulated Radiation Therapy; NC = Not calculable; NR = Not reported; NS = Not significant; OS = Overall survival; PBT = Proton Beam Therapy; RCT = Randomized Control Trial; RoB = Risk of Bias

^{*}Fang 2015: OR adjusted for confounding by hypertension

[†] Fang 2015: OR adjusted for confounding by preradiation GU toxicity and by the independent predictors androgen-deprivation therapy and International Prostate Symptom Score

[‡] Fang 2015: HR was adjusted for confounding by preradiation and acute GI toxicity

[§] Fang 2015: HR was adjusted for confounding by preradiation and acute GU toxicity and by the independent predictor International Prostate Symptom Score

APPENDIX P. Contextual Studies

Appendix Table P1. Study characteristics and patient demographics: Contextual studies of proton beam therapy

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
Prostate Cancer	r						
RCTs							
Vargas 2018 RCT USA	79	Hypofractionated PBT (n=46): Dose (Gy): 38 Gy (RBE) in 5 treatments Standard Fractionated PBT (n=33): Median total dose (Gy): 79.2 Gy RBE in 44 treatments	Inclusion: low-risk prostate cancer; Gleason score of 6, cancer stage T1 to T2, American Urological Association (AUA) Symptom Index score ≤17, and prostate-specific antigen levels <10 ng/mL Exclusion: NR	Hypofractionated PBT vs. Standard Fractionated PBT Median age (years): 65 (range, 52-75) vs. 65 (range, 49-80) Male: 100% vs. 100% T stage: • T1c: 84% vs. 88% • T2a: 16% vs. 12% AUC Symptom Index: • Median (range): 4.69 (0-13) vs. 4.76 (0-17) • % with Score 0-10: 92% vs. 88% • % with Score 11-17: 8% vs. 12%	Hypofractionat ed PBT vs. Standard Fractionated PBT F/U (median [range]): 18 months vs. 18 months % F/U: all patients, 93.9% vs. 100%	Patient reported outcomes Harms	Funding: NR COI: None
Ha 2019 RCT Korea	82	Moderate Hypofractionation (MHF) PBT (n=52) - Group 1 Median total dose: 77.1 Gy Number of fractions: 20 Fractions/week: 4	Inclusion: Patients with biopsy-proven androgendeprivation therapy (ADT)-naive prostate adenocarcinoma, stage T1-3NOMO and an Eastern Cooperative Oncology Group performance status of 0–2	Median Age (range): 68 (44 to 85) vs. 68 (46 to 80) years ECOG Performance Status - 0: 19% vs. 33% - 1: 79% vs. 67% - 2: 2% vs. 0% Gleason score - ≤6: 67% vs. 57%	Median F/U (range): 90 months (15.6 to 115.2) % F/U: NR	Overall Survival Biochemical Failure Free Survival Harms	Funding: National Cancer Center Grant (NCC- 1010480, NCC-1310080, NCC- 1610590, and NCC- 1710060).

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		- Group 2 Median total dose: 78.7 Gy Number of fractions: 15 Fractions/week: 3 - Group 3 Median total dose: 83.3 Gy Number of fractions: 10 Fractions/week: 2 Extreme Hypofractionation (EHF) PBT (n=30) - Group 4 Median total dose: 85 Gy Number of fractions: 5 Fractions/week: 2 - Group 5 Median total dose: 85 Gy Number of fractions: 5 Fractions/week: 2 - Group 5 Median total dose: 85 Gy Number of fractions: 5 Fractions/week: 1	Exclusion: NR	- 7: 27% vs. 33% - 8 to 10: 6% vs. 10% Initial PSA level - <10: 69% vs. 63% - 10 to 20: 23% vs. 37% - >20: 8% vs. 0% T stage T1: 38% vs. 30% T2: 48% vs. 63% T3: 13% vs. 7% Risk Level Low: 40% vs. 23% Intermediate: 37% vs. 60% High: 23% vs. 17%			
Retrospective C	omparati					,	
Nakajima 2018	526	Standard Fractionated PBT (n=272):	Inclusion: histologically confirmed prostate cancer; T1–T3N0M0 disease according to the 7th	Hypofractionated PBT vs. Standard Fractionated PBT Type of PBT (All patients)	Median F/U: NR [minimum 6 months]	Patient reported outcomes Harms	Funding: COI COI: None

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
retrospective cohort		Low-risk Dose: 74 Gy RBE in 37 franctions	edition of TNM staging of the Union for International Cancer Control; Eastern	Passive Scattering: 93.9%Spot Scanning: 6.1%			
Japan		Intermediate and High-risk Dose: 78 Gy RBE in 39 fractions	Cooperative Oncology Group Performance status of 0–2; age >20 years; no active concurrent malignancy, active	Median Age (range): 70 (52 to 88) years vs. 69 (47 to 86) years Male: 100% vs. 100%			
		Hypofractionated PBT (n=254): Low-risk Dose: 60 Gy RBE in 20 fractions	infectious disease, or severe comorbidities; and written informed consent. Exclusion : Patients with	Clinical Tumor Classification T1: 25% vs. 20% T2: 60% vs. 62% T3: 15% vs. 18%			
		High-risk Dose: 63 Gy RBE in 21 fractions	prostate cancer other than adenocarcinoma and those with previous irradiation to the pelvis. Patients treated with standard PBT after	Risk Level • Low: 19% vs. 15% • Intermediate: 38% vs. 46% • High: 43% vs. 39%			
			starting the hypofractionated PBT trial in October 2014.	Comorbidities Diabetes: 11% vs. 13% Hypertension: 24% vs. 26% Use of anticoagulants: 13% vs. 12%			
				Performance Status • 0: 97% vs. 99% • 1: 3.1% vs. 1.5%			
Pugh 2013	291	Passive Scatter PBT (n=226)	Inclusion: Men with previously untreated,	Passive Scatter vs. Spot Scanning	Median F/U (range):	QoL	Funding: NR
Retrospective Comparative Cohort		Dose: 76 Gy RBE in 38 fractions	nonmetastatic prostate cancer, minimum 2-years of follow-up, treated	Median Age (range): 63 (47 to 82) years vs. 69 (50 to 83)	NR [24 months minimum]	Harms	COI: NR
USA		Spot Scanning PBT (n=65)	between 2006 and 2012	years; p=0.01 Male: 100% vs. 100%	% F/U		

Study Design Country	N	Interventions	Inclusion, Exclusion Criteria	Demographics	F/U, %	Outcomes	Funding Notes
		Dose: 76 Gy RBE in 38 fractions	Exclusion: NR	Risk Level Low: 39% vs. 49% Intermediate: 61% vs. 49% High: 0% vs. 2% p=0.05 Additional Treatments in conjunction with PBT Hormone Therapy: 42% vs. 17%; p<0.001 Anti-coagulant medications: 43% vs 51% Comorbidities			
				Hemorrhoids: 39% vs. 37%			

COI = Conflict of Interest; F/U = Follow-up; Gy = Gray; NR = Not reported; PBT = proton beam therapy; QoL = Quality of Life; RBE = Relative Biological Effectiveness; RoB = Risk of Bias

Appendix Table P2. Detailed data abstraction: contextual studies of proton beam therapy

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Prostate Cancer			
RCTs			
Vargas 2018 Hypofractionated PBT (n=46) vs. Standard Fractionated PBT (n=33) RCT RoB: Low USA	Authors state the following: "Long-term outcomes could not be extrapolated from the available follow-up data. However, as of manuscript preparation, no patients had treatment failure, and no deaths related or unrelated to treatment have occurred. Accrual is still ongoing."	Hypofractionated PBT vs. Standard Fractionated PBT American Urological Association Symptom Index, Mean (SD) Baseline: 4.82 (3.92) vs. 4.55 (4.02); p=0.76 3 months: 6.25 (4.06) vs. 4.54 (3.49); p=0.07 6 months: 6.13 (5.63) vs. 5.04 (4.18); p=0.40 12 months: 7.68 (5.39) vs. 4.59 (3.45); p=0.04* 18 months: 7.95 (7.97) vs. 4.81 (4.59); p=0.17 24 months: 6.69 (4.71) vs. 4.47 (5.94); p=0.25 EPIC Quality of Life Survey Urinary score Baseline: 91.27 (8.19) vs. 92.13 (8.03); p= 0.64 3 months: 87.00 (11.12) vs. 91.70 (9.51); p= 0.08	Hypofractionated PBT vs. Standard Fractionated PBT No grade ≥3 urinary or gastrointestinal tract AEs occurred in either study arm Any/Overall Toxicity Grade 2 through 36 months, % (n/N) • Gastrointestinal: 13.0% (6/46) vs. 11.1% (3/27); p=0.99 • Genitourinary: 37.0% (17/46) vs. 40.7% (11/27); p=0.48 Acute Toxicity Grade 2, % (n/N) During Treatment • Gastrointestinal: 4.1% (2/49) vs. 0% (NR); p=0.77 • Genitourinary: 19.6% (9/46) vs. 25.9% (7/27); p=0.53 3 months • Gastrointestinal: 2.5% (1/40) vs. 0% (NR); p=0.99 • Genitourinary: 10% (4/40) vs. 0% (NR); p=0.29

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		• 6 months: 88.69 (12.44) vs. 90.15 (11.02); p= 0.63 • 12 months: 85.91 (12.55) vs. 91.51 (8.87); p= 0.11 • 18 months: 84.01 (15.61) vs. 91.97 (11.89); p= 0.10 • 24 months: 90.92 (7.30) vs. 91.31 (13.11); p= 0.92 Bowel score • Baseline: 96.39 (4.29) vs. 95.73 (5.19); p= 0.53 • 3 months: 91.85 (9.50) vs. 94.10 (6.56); p= 0.28 • 6 months: 87.60 (15.86) vs. 91.05 (11.65); p= 0.34 • 12 months: 87.52 (14.00) vs. 92.44 (6.84); p= 0.18 • 18 months: 90.48 (11.19) vs. 91.74 (9.26); p= 0.72 • 24 months: 89.24 (13.67) vs. 93.28 (6.67); p= 0.29 Erectile function score • Baseline: 59.98 (22.75) vs. 61.33 (21.89); p= 0.79 • 3 months: 57.16 (24.57) vs. 58.49 (20.18); p= 0.81 • 6 months: 55.88 (27.47) vs. 56.54 (19.79); p= 0.92	Late Toxicity Grade 2, % (n/N) 6 months • Gastrointestinal: 7.5% (3/40) vs. 3.8% (1/26); p=0.99 • Genitourinary: 17.5% (7/40) vs. 0% (NR); p=0.04 12 months • Gastrointestinal: 3.2% (1/31) vs. 17.6% (3/17); p=0.12 • Genitourinary: 22.6% (7/31) vs. 11.8% (2/17); p=0.46 24 months • Gastrointestinal: 6.3% (1/16) vs. 5.9% (1/17); p=0.77 • Genitourinary: 12.5% (2/16) vs. 31.3% (5/16); p=0.39 Need for mediation post-treatment, p=NS: • For bowel symptoms: 6/46 vs. 3/27 • For urinary symptoms: 17/46 vs. 11/27 Need for mediation at 6 months: • For urinary symptoms: 7/46 vs. 0/27, p=0.04

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Ha 2019 PBT MHF (n=52) vs. PBT EHF (n=30) RCT Korea	PBT MHF vs. PBT EHF 7-year OS was 97.5% for the entire study population. [The OS was not compared between the two groups because of the low frequency of events. 3 deaths occurred, 1 due to disease progression and 2 due to presence of other malignancies – it is unclear which group these patients belonged to.]	• 12 months: 52.12 (25.33) vs. 57.43 (20.46); p= 0.48 • 18 months: 47.90 (25.87) vs. 55.44 (24.62); p= 0.38 • 24 months: 46.55 (25.62) vs. 60.35 (22.04); p= 0.12 PBT MHF vs. PBT EHF 7-year Biochemical Failure Free Survival • All Patients: 76.2% vs. 46.2%, p=0.005; adj. HR 3.24 (95% Cl 1.51 to 6.93), p=0.003 - Low risk: 90.5% vs. 57.1%, p=0.154 - Intermediate risk: 83.5% vs. 42.9%, p=0.018 - High risk: 41.7% vs. 40%, p=0.786	PBT MHF vs. PBT EHF Overall, acute GU toxicities (grades 0-2) were more common in the MHF than the EHF group (85 vs. 57%, p=0.009), but late GI and GU toxicities did not differ between groups. Acute Toxicity, % (n/N) Gastrointestinal Grade ≥3 toxicities were not observed in either group Genitourinary Grade ≥3 toxicities were not observed in either group Late Toxicity, % (n/N) Gastrointestinal - Grade 3: 4% (2/52) vs. 0% (0/30) Genitourinary Grade ≥3 toxicities were not observed in either group

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
Retrospective Cohorts			
Nakajima 2018	Standard PBT vs. Hypofractionated PBT	Standard PBT vs. Hypofractionated PBT	Standard PBT vs. Hypofractionated PBT
Standard PBT (n=254) vs. Hypofractionated PBT (n=272) Retrospective cohort RoB: Moderately High Japan		Mean International Prostate Symptom Score All-risk Levels • Baseline: 8.3 vs. 8.5 (n= 254 vs. 272) • 1-month: 11 vs. 12.2 (p=0.036) (n=251 vs. 261) • 6-month: 8.2 vs. 8.3 (n=249 vs. 240)	Acute Toxicity, % (n/N) Grade ≥3 acute toxicities were not observed in any group All risk levels Gastrointestinal Grade 1: 0.8% (2/254) vs. 0.7% (2/272) Genitourinary Grade 2: 15% (38/254) vs. 5.9% (16/272); p<0.001
			Dermatitis Grade 1: 18.1% (46/254) vs. 6.6% (18/272); p<0.001
Pugh 2013	NR	Passive Scatter vs. Spot Scanning	All patients
Passive Scatter PBT (n=226) vs. Spot Scanning (n=65) Retrospective Comparative Cohort RoB: Moderately High USA		Mean change in EPIC patient QoL scores at 12-months† • Bowel Function PSPT: -5.5 (p<0.001) vs. SSPT: -4.6 (p<0.001) • Bowel Bother -7.7 (p<0.001) vs. SSPT: -9.4 (p<0.001) • Sexual Function -5.8 (p = 0.002) vs11.9 (p < 0.001)	Toxicity Grading Criteria: Modified Radiation Therapy Oncology Group 2-year cumulative incidence of grade 2+ acute toxicity (95% CI) • Genitourinary: 3.4% (95% CI 9.4% to 17.2 %) [no Grade 3+ events] • Gastrointestinal: 9.6% (95% CI 6.2% to 12.9%)
		 Sexual Bother -8.5 (p = 0.001) vs7.4 (p = 0.084) Urinary Function 	[grade 3, n=1; no Grade 4+ events]

Study Intervention/ comparator Design RoB Country	Primary Outcomes	Secondary/Intermediate outcomes	Harms
		-7.8 (p<0.001) vs7.8 (p<0.001) • Urinary Bother‡ +2.2 (p = 0.016) vs. +0.2 (p = 0.898)	Cumulative incidence of argon plasma coagulation application for rectal bleeding: 3.8% (95% CI, 1.6%-5.9%).

AE = Adverse Event; CI = confidence interval; EPIC = Expanded Prostate Cancer Index; F/U = Follow-up; Gy = Gray; NR = Not reported; PBT = proton beam therapy; PSPT = passive scatter proton therapy; QoL = Quality of Life; RBE = Relative Biological Effectiveness; RoB = Risk of Bias; SSPT = Spot scanning proton therapy

^{*}The absolute difference was 3 points, smaller than the 5-point difference needed to show clinical relevance (Table 4).

[†]p-values are for a significant mean difference, not for the comparison between the two groups

[‡]There was a statistically significant decline for both PSPT and SSPT in urinary bother between baseline and completion of treatment (-14 (p<0.001) vs. -12 (p<0.001)), but this resolved at the 2-year follow-up mark.